



IMD Expense Report

Name: _____ Date(s): _____

Reason for Trip : _____

- **Lodging**

- Reimbursement

- Amount _____

- Receipt attached

- Total Lodging _____

- **Mileage**

- 2024-25 IMD rate is .655

- Miles _____ x .655

- Total Mileage _____

- **Meals-**

- Breakfast \$15, Lunch \$20, Dinner \$25

- Breakfast x _____

- Lunch x _____

- Dinner x _____

- Total Meals _____

- **Other**

- Other: _____

- _____

- Total Other _____

- **Grand Total** _____

Signature: _____ Date: _____