



## IMD Expense Report

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Reason for Trip : \_\_\_\_\_

- **Lodging**

- Reimbursement

- Amount \_\_\_\_\_

- Receipt attached

- Total Lodging \_\_\_\_\_

- **Mileage**

- 2025 IMD rate is .70

- Miles \_\_\_\_\_ x .70

- 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: \_\_\_\_\_