



Interstate Commission for Adult Offender Supervision Participant Travel Reimbursement Form

Meeting Attended 2022 Annual Business Meeting
Meeting City New York, NY

Check Payable To: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

**DUE Within 30 Days
Following Business
Travel**

This form must be downloaded or completed on a PC and works best in Adobe Reader or Acrobat. It is NOT compatible with mobile browsers. Please send your completed form along with receipts to meetings@interstatecompact.org.

Travel Dates:							TOTAL
Travel - Airfare, Train, etc. * <small>(Exec. Director approval required for airfare over \$650.)</small>							
Baggage Fees *							
Lodging Costs & Fees * <small>(\$312.17 per night by reg. cutoff - \$381.03 late reg.)</small>							
Per Diem (\$59.25/travel days; \$79.00/day/full days) (Please deduct for ICAOS provided meals. See instructions for appropriate amounts)							
Taxi/Shuttle *							
Parking *							
Bridge/Road Tolls *							
Mileage: enter # of miles							
@ \$.625/mile							
Other (* & Specify)							
TOTAL							

***Receipt(s) Required - Please attach to email and send to meetings@interstatecompact.org. For Travel expense, please include itinerary as well as payment receipt.**

Comments/Explanation of Unusual Expenses

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the Interstate Commission for Adult Offender Supervision travel policies, and that all items shown are for the office business of the Commission.

Signature of Claimant

Date

Commission Approval

Date

Instructions for Attendee/Participant Travel Reimbursement Form

Payee:	Name of person, state, or organization to whom the check is payable.
Agency Name:	Name of state or organization that claimant is representing.
Address:	Payee's remittance address.
City, State, Zip	Remittance city, state, and ZIP code.
Travel Dates:	The day you departed for participation in this meeting; the day you returned
Travel:	Cost for transportation to the meeting site (airfare, train, etc.). Please include copy of itinerary, as well as receipt showing fares paid. Flight or train costs in excess of \$650 require advance approval of the ICAOS executive director or designee.
Baggage Fees:	Cost for airline baggage handling fees (receipt required).
Lodging:	Room rate authorized - \$312.17 per night with taxes (receipt required). Late registration rate - \$381.03 per night with taxes (receipt required).
Per Diem:	Per diem allowance for Meals and Incidental Expenses (M&IE) per US GSA Rates. \$79 per day for New York, NY; travel days paid at 75% (\$59.25). Deduct appropriate amounts each day for meals provided by ICAOS (Breakfast-\$18; Lunch-\$20; Dinner-\$36).
Taxi/Shuttle:	Cost for taxi and/or shuttle service (including Uber, Lyft, etc.) for business purposes during authorized travel days (receipt required).
Parking:	Charges for parking (at home airport, hotel, etc.) during authorized travel days (receipts required).
Bridge/Road Tolls	Charges for bridge and/or road tolls paid in excess of \$5 each (receipts required).
Mileage:	Includes travel to/from home airport. Current rate is .625 cents per mile.
Other:	Any other expenses that are not listed related to work at the event and/or that received prior approval from ICAOS. Please specify and attach original receipts. Other expenses without prior approval of the executive director or their designee may not be reimburseable.
Comments:	Any additional information for clarification or exceptions.
Sign and Date:	Attendees must sign and date this Travel Reimbursement Form. ICAOS will process reimbursements in order as received.

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