

**PRE-APPROVAL
OUT OF DISTRICT REIMBURSEMENT EXPENSE FORM**

St. Maries Joint School District No. 41
240 S. 11th Street, P.O. Box 384
St. Maries, ID 83861

Effective August 1, 2026

Account Number: _____

Name: _____

Bldg/Dept: _____

Travel Purpose: _____

Dates: _____ Location: _____

Auto Mileage: _____ x .70 (NOT TO EXCEED TOURIST CLASS AIR FARE) \$ 0.00

Rental vehicle (only if required, attach receipt) _____

Airfare (attach receipt) _____

Taxi _____ Parking _____ Baggage _____ (attach receipt) \$ 0.00

Hotel/Motel (attach receipt) _____

Meals (Per Diem)	Date	Date	Date	Date	Date	Date
In-State						
Breakfast 25% (\$14.50)						
Lunch 35% (\$20.30)						
Dinner 55% (\$31.90)						
Full Day (\$58.00)						
Sub-Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Total Cost of Meals \$ 0.00

For District Office use only

Date received: _____

In-district: _____

Activities: _____

Prof. Leave: _____

Other: _____

Registration _____

Other _____

Sub-Total \$ 0.00

Less any amount prepaid by District _____

Less any amount owed to the District _____

Sub-Total \$ 0.00

Total Reimbursement \$ 0.00

Verification:

CLAIMANT acknowledges that the above amount is correct, justly due and that no part hereof has been previously reimbursed by a separate party.

SUPERVISOR acknowledges that the above amount is correct and that mileage has not been approved or paid to another claimant for the above travel.

Claimant Signature _____ Date _____

Approved by Supervisor _____ Date _____

Approved by Business Manager _____ Date _____

Approved by Superintendent _____ Date _____

MILEAGE CHART & INSTRUCTIONS ON REVERSE

ST. MARIES JOINT SCHOOL DISTRICT NO. 41

Travel Expense Claim Instruction

Purpose	This form is to request reimbursement of business travel expense for District employees
Private Car	List the towns driven to each day, and the corresponding number of miles driven. The District will not reimburse the cost of parking tickets or those not approved.
Meals	Meals provided to you free of charge or as part of a registration fee should not be claimed for reimbursement
Lodging	The District reimburses the cost of lodging for persons traveling 50 miles or more from home with prior approval. Attach your final hotel bill to the claim form. If your room was charged to the District account, please note hotel's name, and do not claim these costs. Please pay for any meals or other items charged to your room prior to check-out.
Miscellaneous	The District will reimburse your preapproved costs for airfare, parking, car rental, registration fees, public carriers, and other reasonable travel items, if the receipts are attached to the claim form.

ROUND TRIP MILEAGE FROM ST MARIES: \$0.70 CENTS PER MILE EFFECTIVE August 1, 2025

LOCATION	DISTANCE	AMOUNT
Avery	100	\$70.00
Boise	698	\$488.60
Bonn timers Ferry	266	\$186.20
Calder	50	\$35.00
Camp N-Sid-Sen	60	\$42.00
Clarkston	223	\$156.10
Coeur d'Alene	120	\$84.00
Colfax	145	\$101.50
Ferris HS	126	\$88.20
Freeman, Wa	98	\$68.60
Grangeville	328	\$229.60
Harrison	40	\$28.00
Idaho Falls	1087	\$760.90
Kamiah	282	\$197.40
Kellogg	104	\$72.80
Kendrick	142	\$99.40
Kootenai HS	25	\$17.50
Lakeland	140	\$98.00
Lapwai	254	\$177.80
Lewiston	212	\$148.40
Lewiston Airport	215	\$150.50
Libby	366	\$256.20
Mead HS	142	\$99.40
Missoula	400	\$280.00
Moscow	142	\$99.40
Mullan	148	\$103.60
New Meadows	434	\$303.80
Okanogan, WA	490	\$343.00
Ontario, Or	686	\$480.20
Orofino	230	\$161.00
Osborne	115	\$80.50

LOCATION	DISTANCE	AMOUNT
Plummer	40	\$28.00
Pocatello	1058	\$740.60
Post Falls	130	\$91.00
Potlatch	106	\$74.20
Priest River	220	\$154.00
Pritchard	120	\$84.00
Riverside, WA	202	\$141.40
Sandpoint	204	\$142.80
Spangle, Wa (Liberty HS)	113	\$79.10
Spokane Downtown	130	\$91.00
Spokane Airport	150	\$105.00
Spokane Valley	118	\$82.60
Stoneridge	188	\$131.60
SMHS	5	\$3.50
Sun Valley	1000	\$700.00
Superior, MT	252	\$176.40
Timberlake	166	\$116.20
Troy, ID	136	\$95.20
Twin Lakes, ID	146	\$102.20
Upriver	44	\$30.80
Wallace	128	\$89.60
Worley	50	\$35.00