

## POST – Claim for Reimbursement

The first screen will ask for the Session, Contract #, your Last Name, First Name, Home Address, City, State, Zip, and the Role you preformed for your requested reimbursement. NOTE: Each “Session” and “Role” requires a new form. For example, if you instructed a class for Patrol 176, and you graded a scenario for Patrol 176 you must fill out two different claims.

POST Claim for Reimbursement

1 General Information   2 Class/Scenario   3 Meals   4 Miles   5 Summary   6 Signature

Welcome to the Idaho POST Claim Reimbursement form.  
Required Fields are marked with Bold labels and a red asterisk.

**Session:** \* 179 - Patrol - Timothy Brasett

**Contract #:** 14-888

**Last Name:** \* Fudd

**First Name:** \* Elmer

**Home Address:** \* 2nd Vewy Quite Lane

**City:** \* Idaho Falls

**State:** \* ID

**Zip:** \* 83402

**Role:** \* Scenario Grader

Next →

When all fields are entered, click next. The page will notify you of any errors.



After entering the start and stop times, click the "Break" field and select the appropriate option.

No Break taken

Please select a break option

- No Break taken
- 15 Minutes
- 30 Minutes
- 45 Minutes
- 1 Hour
- 1 Hour 15 Minutes
- 1 Hour 30 Minutes
- 1 Hour 45 Minutes
- 2 Hours



When claiming mileage reimbursement , select the **“Claim Miles”** checkbox:

Claim Miles

The license plate number of the travel vehicle, a departure location, and an arrival location are required.

NOTE: Round trip travel claims should have two entries—one for each direction.

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If claiming milage, please check the box below. Otherwise, continue.

Claim Miles

**Mileage Reimbursement**

Enter travel **one way** from starting city to destination. If traveling round-trip, make two entries.

The mileage from home must be 25 miles or more one way to be eligible for reimbursement.

Please note: if claiming mileage on agency vehicle you may be responsible for reimbursing the agency.

Personal License Plate # \*

Departure Location	Arrival Location
<input type="text" value="Idaho Falls"/>	<input type="text" value="Meridian"/>
<input type="text" value="Meridian"/>	<input type="text" value="Idaho Falls"/>
<input type="text"/>	<input type="text"/>

Vicinity Travel

The next page is the **“Summary”**. Review the entered information and make any necessary corrections before continuing. Once the claim is submitted, changes no longer can be made. Incorrect submissions create delays in processing and payment.

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The following is a summary of the information you submitted. If it does not look correct please use the back **Prev** button to fix the errors.

EVOC Night Scenarios - 04/16/2014 5  
Travel started: 4/16/2014 11:00 Travel stopped: 4/16/2014 15:00 Meal:LUNCH  
Start City: Idaho Falls Arrival City: Meridian  
Start City: Meridian Arrival City: Idaho Falls

←Prev Next→

The next page is the **“Signature”** page. After reading the acknowledgement, type your name in the signature block and click submit.

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I hereby certify that the services were performed; that such travel was necessary; and the amounts claimed are legally due.  
It is agreed that claimant performed the services as an independent contractor and no employee - employer relationship is established.  
Further, the services were performed with full knowledge and consent of claimant's regular employer.

Full Name:

The last page will provide a **receipt** of estimated payment for printing with a claim reimbursement number at the top.

POST Claim for Reimbursement	
Thank you for submitting your claim form	
<b>Reimbursement #</b>	142
<b>Date submitted</b>	07/09/2014 10:54 AM
<b>Academy Discipline:</b>	Patrol
<b>Session:</b>	179
<b>Role:</b>	Scenario Grader
<b>Coordinator:</b>	Timothy Braseth
<b>Contract Number:</b>	14-888
<b>Name:</b>	Fudd, Elmer
<b>Address:</b>	2nd Vewy Quite Lane
<b>City, State Zip:</b>	Idaho Falls, ID 83402
<b>Meals:</b>	Travel Started: 04/16/2014 11:00 AM - Travel Stopped: 04/16/2014 03:00 PM -Lunch
<b>Miles:</b>	Idaho Falls to Meridian Meridian to Idaho Falls
<b>Vicinity Travel:</b>	0
<b>Events:</b>	EVOC Night Scenarios - 04/16/2014 - 5.00 hour/s
The following are ESTIMATES. They represent a calculation based on what you entered. Your reimbursement may be more or less depending on the accuracy of the information provided.	
<b>Payable Events</b>	\$125.00
<b>Meals</b>	\$10.50
<b>Mileage</b>	\$240.24
<b>Total</b>	\$375.74
<input type="button" value="Print"/> <input type="button" value="Start New Claim"/>	

After you have printed your receipt, you may either continue with another claim, or close out of the system.

If you receive any error messages or have questions on data entry, please contact the coordinator that confirmed you for the training block. Please have your reimbursement number ready when asking for assistance.

**The training coordinator will be your first point of contact to resolve issues.**

To access the POST Claim for Reimbursement application, click on the link below or copy and paste it into your web browser.

<https://post.idaho.gov/AcademyClaimReimbursement/newClaim.action>