



Reimbursement Form - Travel

Return to: Marti Edgmond
926 7th Ave.
Laurel, MT 59044

Name _____ Position _____

Mailing Address _____

Phone Number _____

Reason for Expense (budget category) _____

Travel Expenses:

Transportation: Public (receipt required) _____

Private Auto
(Mileage chart/ 20 x \$4.00) _____

Meals: Breakfast (**In-State**-# x \$5.00, **Out-Of-State**-# x \$6.00) _____

Lunch (**In-State**-#x \$6.00, **Out-Of-State**-# x \$6.00) _____

Dinner (**In-State**-# x \$12.00, **Out-Of-State**- # x \$16.00) _____

Lodging (receipts required) _____

Other (please identify & attach receipts):

Expense _____

Expense _____

TOTAL EXPENSES: _____

REQUESTED BY: _____
(Signature needed)

AUTHORIZING OFFICIER: _____
(Signature needed)