## CommissionGovernor’s Office of Community Service

PO BOX 200801

HELENA, MONTANA 59620

406-444-1809

## Travel Reimbursement Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Travel and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage and Meals will be reimbursed using state rates.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Depart (start) time | Arrive (end) time | Miles Traveled | Meals Provided | Meals individual paid for |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Mileage (round trip): \_\_\_\_\_\_\_\_ x .545 cents per mile = $\_\_\_\_\_\_\_\_ waive to In-kind

Meal reimbursement total: $\_\_\_\_\_\_\_\_\_\_ (Breakfast: $5; Lunch: $6; Dinner: $12) waive to In-kind

Lodging: $\_\_\_\_\_\_\_\_\_\_ waive to In-kind

(Only include if lodging was not paid by OCS- original receipt must be attached)

Other expenses: $\_\_\_\_\_\_\_\_ (parking, etc.) waive to In-kind

Description of Other Expense(s):

Commissioner Honoraria: # of days\_\_\_\_\_\_\_\_\_\_\_ x $50 per/day = $\_\_\_\_\_\_\_\_\_\_\_ waive to In-kind

(\*Per MCA 2-15-122 Commissioners who are non-government employees are entitled to an honoraria)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

P/G ID:

OCS Staff Only

OCS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total In-kind: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_