

ROSEBUD COUNTY
TRAVEL REIMBURSEMENT
Please attach to a Claim form

NAME:	
ADDRESS:	
CITY, STATE:	
PURPOSE OF TRAVEL:	

Date Departed	Time Departed	Point of Departure	Destination	Date Returned	Time Returned

LODGING: \$	
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NOTE: Attach original receipt. If receipt is not available and overnight stay is included, reimbursement for lodging will be \$12.00 per night.
The current reimbursement chart for rooms is on the Clerk & Recorder's page, Payroll & Human Resources at rosebudcountymt.gov.

MEALS: \$		Please indicate which meals require reimbursement with hash marks next to the meals below.
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Meals	IN State	OUT of State	* With Receipt
Breakfast 12:01a - 10:00a	\$ 5.00	\$ 7.00	\$ 7.00
Lunch 10:01a - 3:00p	\$ 6.00	\$ 11.00	\$ 11.00
Dinner 3:01p - 12:00a	\$ 12.00	\$ 18.00	\$ 23.00
Total	\$ 23.00	\$ 36.00	\$ 41.00

***EXCLUDE MEALS INCLUDED IN REGISTRATION FEE.

TRANSPORTATION: \$ _____

(Complete only if eligible for reimbursement)

- | | |
|--|------------------------------|
| <input type="checkbox"/> Personal Vehicle | Mileage _____ (Round Trip) |
| <input type="checkbox"/> City, County or State Vehicle | Fuel _____ (Attach Receipts) |
| <input type="checkbox"/> Commercial Transportation | Fare _____ (Attach Receipt) |
| <input type="checkbox"/> Other (Please Explain) Attach Receipt _____ | |

*** IMPORTANT NOTE: TRAVELER IS RESPONSIBLE FOR REIMBURSEMENT TO HIS/HER DEPARTMENT

OTHER EXPENSES: Please Explain \$	
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****ATTACH RECEIPT

*Meals with an itemized receipt will be paid face value of receipt up to the federal rate, alcohol and tips excluded.

DATE: _____ TOTAL AMOUNT: _____

SIGNATURE: _____

APPROVED BY: _____