

ROSEBUD COUNTY
TRAVEL REIMBURSEMENT

Must be attached to a CLAIM FORM

(Use this form if you have an overnight stay – Non-Taxable)

NAME: _____

ADDRESS: _____

PURPOSE OF TRAVEL: _____

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

LODGING: \$ _____

NOTE: Must stay overnight & have a hotel receipt. Attach original receipt. If receipt is not available and overnight stay is included, reimbursement for lodging will be \$12.00 per night.

In-State Rate \$ _____ plus bed tax. Out-of-State Rate \$ _____ plus bed tax.

MEALS: \$ _____

Meals	IN State	OUT of State	* With Receipt
Breakfast 12:01a - 10:00a	\$ 7.50	13.00	\$ 7.00
Lunch 10:01a - 3:00p	\$ 8.50	14.00	\$ 11.00
Dinner 3:01p - 12:00a	\$ 14.50	23.00	\$ 23.00
Total	\$ 30.50	\$ 50.00	\$ 41.00

***EXCLUDE MEALS INCLUDED IN REGISTRATION FEE. *Meals with a receipt will be paid face value of receipt up to the federal rate excluding alcohol and tips. Please indicate which meals require reimbursement with hash marks next to the meals requesting reimbursement for.

TRANSPORTATION: \$ _____

Complete only if eligible for reimbursement

- () Personal Vehicle Mileage (Roundtrip) _____ x mileage rate = _____
- () City, County or State Vehicle Attach gas receipts
- () Commercial Transportation Fare \$ _____ (Attach Receipts)
- () Other (please explain) _____ \$ _____ (Attach Receipts)

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

OTHER EXPENSES: Please Explain _____

***ATTACH RECEIPT

DATE: _____ **TOTAL AMOUNT:** _____

SIGNATURE: _____

APPROVED BY: _____