

ROSEBUD COUNTY
Taxable Meals Reimbursement
NO overnight stay

NAME: _____

ADDRESS: _____

PURPOSE OF TRAVEL: _____

***TAXABLE MEALS occur when there is NO overnight stay.**

***No Claim needs to be attached to this form. – It is paid on your Time Card**

Date of Travel	Point of Departure	Destination	Time Departed	Time Returned

(EXCLUDING THOSE INCLUDED IN REGISTRION FEES)

Reimbursement fee schedule:

Meals	IN State	OUT of State	*Max With Receipt
Breakfast 12:01 am - 10:00 am	\$ 7.50	\$ 13.00	\$ 7.00
Lunch 10:00 am – 3:00 pm	\$ 8.50	\$ 14.00	\$ 11.00
Dinner 3:01 pm – 12:00 am	\$ 14.50	\$ 23.00	\$ 23.00
TOTAL			

Do NOT include alcohol and/or tips

Coding/Accounting

Fund	Dept	Function	Account	Sub.	Obj.	\$\$\$

DATE: _____ TOTAL AMOUNT: _____

SIGNATURE: _____

APPROVED BY: _____

COMMISSIONER APPROVAL: _____

- Meals with a receipt will be paid at face value of receipt **UP TO** the federal rate.
- Please return Taxable Meals Reimbursement form into the Commissioners' office no later than the 20th of each month to ensure payment that pay period.