

ROSEBUD COUNTY

Taxable Meals Reimbursement (occurs when there is NO Overnight Stay)

NO Claim needs to be attached to this form – reimbursement will be on your monthly paycheck

NAME: _____

ADDRESS: _____

PURPOSE OF TRAVEL: _____

Date of Travel	Point of Departure	Destination	Time Departed	Time Returned

Reimbursement Fee Schedule – employee must be in travel status for more than 3 consecutive hours. One meal is permitted per travel shift. Two meals are permitted if travel exceeds “travel shift” time. A “travel shift” is that period 1 hour before or one hour after shift MCA 2-18-502

Meals	IN State	OUT of State	* With Receipt
Breakfast 12:01a - 10:00a	\$8.25	13.00	\$13.00
Lunch 10:01a - 3:00p	\$ 9.25	15.00	\$ 15.00
Dinner 3:01p - 12:00a	\$ 16.00	26.00	\$ 26.00
Total			

Do NOT include alcohol and/or tips if including a receipt. Meals with a receipt will be paid at face value of receipt UP TO the federal rate.

Coding/Accounting

Fund	Dept	Function	Account	Sub.	Obj.	Total

DATE: _____ TOTAL AMOUNT: _____

SIGNATURE: _____

APPROVED BY: _____

COMMISSIONER APPROVAL: _____

Please return Taxable Meals Reimbursement form into the Commissioners’ office no later than the 20th of each month to ensure payment that pay period.

Per policy, claimant has up to 3 months after travel to request reimbursement or the claim could be denied.