

**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	\$16.00	\$16.00
Lunch 10:01a - 3:00p	\$ 9.25	\$19.00	\$ 19.00
Dinner 3:01p - 12:00a	\$ 16.00	\$28.00	\$ 28.00
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 20<sup>th</sup> 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.