

City of Bozeman Travel/Advance Reimbursement Request Form

Employee: _____ Department: _____

Purpose/ Justification for travel: _____

Destination _____ Account Coding: _____

Departure Date: _____ TIME: _____ Return Date: _____ TIME: _____

*** Meal Times**

- i. If you are in travel status before 8am, you will receive breakfast per diem
- ii. If you are in travel status before Noon, you will receive lunch per diem
- iii. If you are in travel status before 5pm, you will receive dinner per diem

* Please always include an itinerary, with this form so we can see if any meals are provided

**** Use of personal vehicle:(If mileage reimbursement is being requested)**

Please provide a printout of a map listing calculated mileage with request**

Authorized at 100% Please provide proof that a city vehicle was not available

Authorized at 60% No documentation needed

*** Receipts or Advance Registration Materials Required/Use of coding as appropriate

ACTUAL RECEIPTS SHOULD BE ATTACHED. REIMBURSEMENT REQUESTS DUE 1 WEEK FROM RETURN

ADVANCE Requested				ACTUAL Expenses			
*Meals	Per Diem Rates/GSA			*Meals	Per Diem Rates/GSA		
# Of Meals	GSA Rate	Totals		# Of Meals	GSA Rate	Totals	
_____ Breakfast	\$ _____	\$ _____		_____ Breakfast	\$ _____	\$ _____	
_____ Lunch	\$ _____	\$ _____		_____ Lunch	\$ _____	\$ _____	
_____ Dinner	\$ _____	\$ _____		_____ Dinner	\$ _____	\$ _____	
	Grand Total of Meals	\$ _____			Grand Total of Meals	\$ _____	
**Mileage	Miles _____	\$ _____		**Mileage	Miles _____	\$ _____	
	Rate <u> .58 </u>				Rate <u> .58 </u>		
***Motel	Nights _____	\$ _____		***Motel	Nights _____	\$ _____	
	Rate _____				Rate _____		
***Airfare		\$ _____		***Airfare		\$ _____	
***Registration		\$ _____		***Registration		\$ _____	
Other (specify)		\$ _____		Other (specify)		\$ _____	
_____				_____			
_____				_____			
Total Requested		\$ _____		Total Requested		\$ _____	
_____				_____			
Employee Signature				Supervisor/Department Head Signature			