

Mileage & Meal Claim Form

School District #8
PO Box C
White Sulphur Springs
MT 59645

School Use Only

Code#

Date: _____

Date Paid:

Account with: _____

Amount: 0.00

Address: _____

Note:

Type of Trip: _____

Place of Trip: _____

Date of Trip: _____

Mileage: Number of miles (Round Trip) _____ x (Rate)= _____

Meals: Per Diem according to MCA 2-18-502 &
MCA 2-18-502

Breakfast \$5.00 _____

Lunch \$6.00

Dinner \$12.00

Total of Claim: _____

Employee's Signature: _____

Administrator's Signature: _____

Reviewed by Superintendent: _____

Note: ABSOLUTELY no mileage or per diem claim will be paid if the claim is not signed by the employee and administration.