

# 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.