

# Mileage & Meal Claim Form

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

*School Use Only*

Code#

Date Paid:

Amount: 0.00

Date: \_\_\_\_\_

Account With: \_\_\_\_\_

Address: \_\_\_\_\_

Note:

Type of Trip: \_\_\_\_\_

Place of Trip: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Mileage: Number of Miles (Round Trip) \_\_\_\_\_ .575  
x (Rate)= \_\_\_\_\_

Meals: Per Diem according to MCA 2-18-502 &  
MCA 2-18-501

Breakfast \$7.50

Lunch \$8.50

Dinner \$14.50

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.