

Montpelier Public School District No. 14

214 7th Ave
Montpelier, North Dakota 58472
701-489-3348, Fax 701-489-3349

Travel Reimbursement Form

Mileage Reimbursement

Date of Travel	FROM	TO (DESTINATION)	Round Trip miles	Purpose
Total Miles				X .67= \$

Meal Reimbursement

Date	Event/Purpose	Meal: Breakfast, Lunch, or Dinner	Actual Cost on Receipt	Reimbursement Actual cost up to B: \$9, L: \$14, D: \$22

Please pay reimbursement via direct deposit. (Will be same account as payroll direct deposit. Once this is in place all reimbursements will go to this account)

Please pay reimbursement via check. *I will cash promptly.* Bank charges a stop payment fee of \$25 per lost check.

TOTAL _____ \$

CLAIMANT SIGNATURE _____ **DATE** _____

APPROVAL SIGNATURE _____ **DATE** _____

Mileage reimbursement rate as of January 1st, 2024, is \$.67 per mile. As of 08/01/2023 meals actual cost up to \$9.00 for breakfast, \$14.00 lunch, \$22.00 dinner. Out-of-state travel reimbursement rates vary. Meal reimbursements without an overnight stay are subject to employment taxes.