

Travel reimbursement guidelines:

Rev. 01/04/24

- 1. A copy of your conference/meeting itinerary must be attached to the travel reimbursement claim.
- 2. Submit one claim for each trip.
- 3. Each Employee must submit a separate claim.
- 4. The form should include an **entry for each travel day, showing the expenses and claims for each day.**

5. Transportation: Indicate if travel was in a personal vehicle, travel with someone else or by airline. The district encourages a minimum of two people per car when more than one person is traveling to the same event. Supervisor approval is required for mileage reimbursement when varying from this requirement. When traveling separately for personal convenience, employees are welcome to split the reimbursement. Please note this request in the reimbursement claim.

Air travel is reserved and paid in advance by the District Office. If not, include in other expense column, and document the circumstances below. Your ticket/receipt will be required for reimbursement.

Allowed auto mileage rates (one way) for frequent destinations:

Kalispell to Billings	420	Kalispell to Missoula	115	Kalispell to Helena	196
Kalispell to Bozeman	291	Kalispell to Butte	227	Kalispell to Spokane	238
Kalispell to Great Falls	226	Kalispell to Polson	49		

6. Lodging: Detailed receipts from the hotel **are** required. **A credit card receipt alone is not sufficient.**
Do not show telephone or room service charges in this column.

Allowed Rates: In State – Please check to see if hotel will honor state rates for School Districts with District ID prior to your stay.

7. Meals: Employees may claim meal allowances per the rates listed below. Meals for travel that does not require an overnight stay, according to IRS regulations, is taxable and will be paid through payroll.

Receipts for meals **are not** required when using per diem rates.

Time Requirements for Claiming Meal Allowances:

- One meal allowance: Travel must exceed three (3) continuous hours.
- Two-meal allowance: (breakfast, lunch) Travel must begin before 7:00 a.m. and return before 7:00 p.m.
- Two-meal allowance: (lunch, dinner) Travel must begin before 11:00 a.m. and return after 7:00 p.m.
- Three-meal allowance: (breakfast, lunch, dinner) Travel must begin before 7:00 a.m. and return after 7:00 p.m.

Meals:	Breakfast	Lunch	Dinner	Full Day
In State	\$7.50	\$8.50	\$14.50	\$30.50
Out of State	\$8.00	\$12.00	\$26.00	\$46.00

8. Other Expenses: Detailed registration fees not prepaid, car rentals, bus/taxi fees etc. **(Note: Parking at Glacier International Airport is not reimbursable)**

Receipts **are** required for reimbursement of other expenses. Describe nature of expense in designated area.

Kalispell School District #5

Travel Reimbursement Claim

January 1, 2024 Mileage Rate - 67 Cents/Mile

Name: _____

Trip To: _____

Mailing Address: _____

Purpose of Travel: _____

Dates Of Travel: _____

Budget Code: _____

Date	Departure Time <small>Ex: 8:00am</small>	Arrival Time <small>Ex: 8:00am</small>	Mode Of Travel	Mileage <small>See Page 1, Item 5</small>	Mileage Reimbursement <small>Miles X Rate</small>	Total Miles Dollars <small>Calculated</small>	Meals In State <small>Receipt Not Required (Please See Directions On Page 1)</small>	Meals Out Of State <small>Receipt Not Required (Please See Directions On Page 1)</small>	Lodging <small>Receipt Required</small>	Other Expense <small>Receipt Required</small>	Total

Please Follow The Travel Reimbursement Guidelines On Page One, So Your Reimbursement Will Not Be Delayed. Incomplete Claims Will Be Returned ToThe Originator For Completion.

I Hereby Certify That: This Travel Claim Is Correct In All Respects And That Payment Has Not Been Received By Me

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____