

Travel reimbursement guidelines:

Please remember the following:

1. Only one trip will be entered on each claim
2. Each employee participating in the same trip must submit a separate claim.

3. Mileage: Allowed auto mileage rates (round trip):

Anaconda	458	Billings	876	Missoula	264	Evergreen	26	Lakeside	77
Bigfork	50	Bozeman	634	Butte	486	Frenchtown	249	Lewistown	622
Corvallis	372	Great Falls	422	Polson	114	Hamilton	364	Libby	210
Helena	428	Dillon	588	Eureka	122	Kalispell	34	Whitefish	22
Coeur D' Alene	444	Portland Or.	1,200	Seattle	1,056	Spokane	496		

(contact Business office for other rates)

Current IRS reimbursement rate is .70 cents/mile as of January 1, 2025.

4. **Lodging:** Personally paid lodging expenses should be entered into the "OTHER" Row. Do NOT report lodging expenses paid by the District on this form. Submit the receipt for District paid expenses to the building secretary for preparation of a separate requisition. Receipts from the motel are required. **A credit card receipt alone is not sufficient.**

5. **Meals:** It is important that you specify the time that you are in travel status. Complete the time ranges which determine eligibility for meal allowances in accordance to Montana Code Annotated Section 2-18-502(1). In order to claim an allowance for a meal, you must be in a travel status for more than three continuous hours within one of the following time ranges:

Allowed Rates: Receipts for meals **are not** required if claiming the per-diem rate.

Time Range	Meal Allowed	In-State	Out of State
		Allowance Rate	Allowance Rate
12:01 a.m. to 10 a.m.	morning meal	\$ 8.25	\$ 16.00
10:01 a.m. to 3 p.m.	midday meal	\$ 9.25	\$ 19.00
3:01 p.m. to midnight	evening meal	\$16.00	\$ 28.00
Daily Total		\$ 33.50	\$ 63.00

You must consider each time range separately when applying the more-than-three-hour rule. For example, if you travel from 8 a.m. to 2 p.m., you receive the allowance only for the midday meal. If you are in travel status for more than twelve continuous hours, you receive all three meal allowances no matter the time range.

6. **Other Expenses:** Registration fees not prepaid, car rentals, baggage, bus/taxi fees etc. **(Note: parking is not reimbursed at Glacier International Airport)**

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

COLUMBIA FALLS SCHOOL DISTRICT NO. 6
TRAVEL REIMBURSEMENT CLAIM
 Effective January 1, 2026 \$.725 cents/mile

Name: _____

Trip to: _____

School or Mailing Address _____

Purpose of Travel: _____

Budget Code: _____

Mileage Reimbursement

Destination	Mileage Round Trip	Rate	Reimbursement

Meals Per Diem

Day	Departure Time	Arrival Time	Travel Details	Meal Claimed Circle all that apply	Meal per diem allowance
				Breakfast Lunch Dinner	
				Breakfast Lunch Dinner	
				Breakfast Lunch Dinner	
				Breakfast Lunch Dinner	
				Breakfast Lunch Dinner	

Per Diem Total

Other Personally Paid Expenses-Specify

Other Total

Grand Total Reimbursement

A copy of your approved leave form and conference itinerary (if applicable) must be attached to this travel reimbursement form.

By signing this travel reimbursement form, the undersigned employee acknowledges and understands the following:

- In the event of an accident or damage to the vehicle incurred while using your personal vehicle on School District business as an employee, the School District's insurance policy will not cover the cost of repairing any damage to the vehicle, the cost of any impairment to the value of the vehicle, or the cost of replacing or repairing any damaged personal property in the vehicle at the time of the accident. You are responsible for providing auto insurance to cover any damage to the vehicle or other personal property.
- If involved in an accident while using your personal vehicle on School District business as an employee, the School District's auto policy may respond but only on an excess basis if your passengers are injured in a vehicle accident. Your own vehicle policy limits must first be exhausted either by settlement or judgment before the School District's auto policy will respond.

Employee Signature: _____

Date: _____