

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 .70= \$

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, 2025, is \$.70 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. Lodging rate as of 10/01/2024, is \$99.00 per night.