



2024 Travel Expense Form

PURPOSE: _____

INVOICE PERIOD: _____

INFORMATION:

NAME _____
 ADDRESS _____

COMPANY _____
 CITY/ZIP _____

PHONE _____
 EMAIL _____

Date	Location	Description	Hotel	Mileage	Ground Transp	Meals*	Airfare	Registration	Misc	Total
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SUBTOTAL	\$0.00
ADVANCES	\$0.00
TOTAL	\$0.00

SIGNED: _____

NOTES: _____

*In-State Per diem meals: Breakfast \$8.25/Lunch \$9.25/Dinner \$16.00 -- \$33.50 per day

*Out of State Per diem meals: Breakfast Out of State \$13.00/Lunch \$15.00/Dinner \$26.00 -- \$54 per day

Milage Reibursement rate: \$0.670

Please provide necessary receipts for all transactions over \$25.00.

Return form to SAM, 900 North Montana, Suite A-4, Helena, MT 59601

Attn: Marcus Meyer
sammm@sammt.org
 406-442-2518 fax