

# AMPHO

Association of Montana Public Health Officials



**Public Health**  
Prevent. Promote. Protect.

## MENTORSHIP PROGRAM SITE VISIT TRAVEL REIMBURSEMENT FORM

Check all boxes for which you are requesting reimbursement:  Lodging  Mileage/Transportation  
 Meals

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Address to which the travel reimbursement will be mailed:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Destination City: \_\_\_\_\_

Departed from: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
(Time of Departure from home or office)

Returned to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
(Time of Return to home or office)

You will be reimbursed at the current state rates. Check the boxes that apply:

**MILEAGE** : record round trip miles: \_\_\_\_\_ x \$.535 = \_\_\_\_\_

**LODGING**: amount: \$ \_\_\_\_\_

**If you incurred a lodging expense, record total cost and attach zero balance receipt.**

Please secure the standard state rate of \$91 per night. If you are staying in Gallatin, Silver Bow, Richland, Lewis and Clark, or Lake County for your site visit, high cost city rates may apply. Please check the State of Montana high cost city rates at this website:

<https://montana.policytech.com/dotNet/documents/?docid=837&public=true>

**MEALS**

	In State Meal Reimbursement Time Range and State Rate	
Breakfast	Travel <u>prior</u> to 7:00 AM	\$ 5.00
Lunch	Travel <u>after</u> 10:00 AM	\$ 6.00
Dinner	Travel <u>after</u> 6:00 PM	\$12.00

Amount requested: Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_ = TOTAL \_\_\_\_\_

I hereby certify that this is a valid travel claim.. I am submitting the signed original of this form.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail this form and your receipts to:

Erin McGowan, Executive Director  
AMPHO  
34 E. 6<sup>th</sup> Ave., Suite 2E  
Helena, MT 59601