EXPENSE WORKSHEET
Region 1 Regional Innovation Grant Travel

Name _____ Soc Sec#_____-_____-_____

Address _____

City_____State_____Zip_____

Point of Departure_____ ____ Destination _____

Purpose _____

ITINERARY

Left Home Date _____/_____ Time _____:_____ am/pm
Month Day

Returned Home Date _____/_____ Time _____:_____ am/pm
(including travel) Month Day

MILEAGE/TRANSPORTATION

Amount Claimed $_____

____ Personal Car Mileage Claimed (Map *OR* Odometer) _____

(Mileage will be reimbursed at $.58.5/mile rate)

LODGING – receipt must be attached, maximan allowance $129 + tax.
Number of nights claimed _____ Total reimbursement claimed _____

PER DIEM: Reimbursement will be determined based on itinerary start and end times and factoring in full days in between. Please note the reimbursement policy and action requested.
Policy: Meals will be reimbursed at $30 per day. Any meals not claimed or paid directly as part of the meeting/event will be deducted from the $30 per diem at the in-state per meal allowance according to state policy which is $5-breakfast, $6-lunch and $12-dinner. **Check box for meal claimed.**

Date	Breakfast	Lunch	Dinner

Additional Comments

_____

_____

_____

Attendee Signature **Date**

Submit completed form to: Kay Strayer, DLI/Workforce Services Division, PO Box 1728, Helena, MT 59624