



**Reimbursement Form**  
Travel

Name \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Reason for Expense (budget category) \_\_\_\_\_

**Travel Expenses:**

**Transportation: Public** (receipt required) \_\_\_\_\_

**Private Auto**  
(Mileage chart/ 20 x \$4.00) \_\_\_\_\_

**Lodging** (receipts required) \_\_\_\_\_

**Other** (please identify & attach receipts):

Expense \_\_\_\_\_

Expense \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_  
(Signature needed)

**AUTHORIZING OFFICIER:** \_\_\_\_\_  
(Signature needed)

Return to: Marti Edgmond  
926 7th Ave.  
Laurel, MT 59044