

**CITY OF COLUMBIA FALLS
TRAVEL CLAIM
2019 Standard Mileage Rate – 58 cents/mile
Mileage rate – 27.93 cents/mile – when city vehicle available
(Values in Total Column Must Be Calculated by Person filling out the Form)**

Name:

Mailing Address:

Trip to:

Purpose of Travel:

Dates of Travel:

Day	Departure Time	Arrival Time	Travel Details	Mode of travel	Mileage (most frequent destinations)	Mileage (other destinations)	Mileage Reimb. (mileage x rate *)	Enter Total \$ reimbursed for mileage	Lodging (receipt <u>required</u>)	Meals in state (receipt <u>not</u> req.)	Meals out Of state (receipt <u>not</u> req.)	Other Exp ** (receipt <u>required</u>)	Total
							.58/.2793						
							.58/.2793						
							.58/.2793						
							.58/.2793						
							.58/.2793						
							.58/.2793						
							.58/.2793						
							.58/.2793						

**Other Expenses – (describe)

A copy of your approved leave form and conference itinerary must be attached to this travel form.

I hereby certify that: This travel claim is correct in all respects and that payment has not been received by me.

Employee Signature: _____

Date: _____

Supervisor's Approval: _____

Date: _____

Budget Code:

To complete this form on your computer (click on the shaded areas). Some fields have drop down choices. Calculations for each row can be entered in the "Total" column. When form is completed, print form, total fields (if not totaled). Final calculations can be made in our office if you prefer. Sign & date your form, get supervisor signature, and return to the City Clerk's Office. Forms without signature, supervisor signature, budget code and purpose of travel will be returned. A copy of your form will be returned with your check. Travel guidelines are listed on the 2nd page of this form.

Travel Guidelines:

Please remember the following:

1. Only one trip will be entered on each claim
2. Each employee participating in the same trip must submit a separate claim.
3. **Transportation:** Indicate if travel is personal vehicle, traveled with someone else or airline. Air travel is reserved and paid in advance by the City Finance Office. If not, include in other expense column, and document the circumstances below. Your ticket/receipt will be required for reimbursement.

Allowed auto mileage rates (one way):

Columbia Falls to Billings	426	Columbia Falls to Lewistown	315
Columbia Falls to Bozeman	298	Columbia Falls to Libby	96
Columbia Falls to Butte	227	Columbia Falls to Lolo	132
Columbia Falls to Coeur D' Alene	205	Columbia Falls to Missoula	124
Columbia Falls to Fair-Mont HS	205	Columbia Falls to Polson	49
Columbia Falls to Great Falls	209	Columbia Falls to Red Lodge	428
Columbia Falls to Havre	246	Columbia Falls to Spokane	227
Columbia Falls to Kalispell	16	Columbia Falls to West Glacier	18
Columbia Falls to Helena	201	Columbia Falls to Whitefish	10

4. **Lodging:** Receipts from the motel are required. A credit card receipt alone is not sufficient. Please obtain and use City credit card. Do not incur telephone, room service, or other miscellaneous charges as they will not be paid or reimbursed.

Allowed Rates: In State – Per MCA dependent on location and season
 Out of State – Pre approved by City Manager

5. **Meals:** Travel must exceed three (3) continuous hours.
 (a) for the morning meal allowance, between the hours of 12:01 a.m. and 10:00 a.m.;
 (b) for the midday meal allowance, between the hours of 10:01 a.m. and 3:00 p.m.; and
 (c) for the evening meal allowance, between the hours of 3:01 p.m. and 12 midnight..

Allowed Rates: Receipts for meals are not required.

Meals:	Breakfast	Lunch	Dinner	Full Day
In State	\$7.00	\$10.00	\$15.00	\$32.00 (after July 1, 2019)
Out of State	\$13.00	\$14.00	\$23.00	\$50.00 (after July 1, 2019)

6. **Other Expenses:** Registration fees not prepaid, car rentals, bus/taxi fees etc. (Note: parking not reimbursed at Glacier International Airport)
 Receipts are required for reimbursement. Describe nature of expense in designated area.