Humanities MONTANA

Board Expense Reimbursement Form*

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Activity: _____

Dates of Service: _____ Location: _____

1. Mileage: _____total miles (round trip) from _____ to _____
   $0.70/mile if seeking reimbursement from Humanities Montana $_____

   or at $0.14/mile if generously donating to Humanities Montana $_____
2. Lodging: ___days at $110/day in-state (without receipt)
   or actual lodging expense (attach receipts) $_____
3. Meals for self: $68.00/day; 16.00/breakfast, $19.00/lunch, and $28.00/dinner (without receipt)
   or actual meals expense (attach receipts) $_____
4. Miscellaneous: Please itemize (attach receipts)
   a. _____ $_____
   b. _____ $_____
   c. _____ $_____

   SUBTOTAL **$**_____
5. Donation: By my signature below I wish to donate this amount of my reimbursement to Humanities Montana $ (_____)
6.

TOTAL CLAIM **$**_____*

I hereby certify that the above is a true statement of travel and related expenses for the above program and that payment or credit has not been received.

_____ _____
Signature of Claimant Date

_____
Humanities Montana Approval

* Forms must be submitted within one month of program date for expenses to be reimbursed. We require cost-share information for expense reimbursement.

Please submit cost share through the online form on the Humanities Montana Board Portal, or contact Humanities Montana staff for the link.