MONTANA SCHOOL COUNSELOR ASSOCIATION

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MSCA Reimbursement Claim

Name: _____ Date of Claim: _____

Address (where you would like the reimbursement mailed to):
_____

Date	Description of Expense	Amount
	Grand Total to be Reimbursed	

A receipt must accompany this reimbursement form for all claims other than mileage & meals.

Mileage – must include a description of the event/location attended on behalf of MSCA, location of where travel began and the TOTAL ROUNDTRIP MILEAGE claimed. (i.e. January 12, 2007; Geraldine, MT to Great Falls, MT for Winter Board Meeting, 140 miles). Mileage will be reimbursed at the state/federal rate (0.55 as of 1/1/09).

Meals – Meals for in-state travel will be reimbursed at the following rate: ($5/breakfast, $7/lunch, $12/dinner or $24/day). Meals for out of state travel will be reimbursed at the following rate: ($8/breakfast, $10/lunch, $22/dinner or $40/day).

Signature of Claimant **Date**

Treasurer's Use Only:
Date Received: _____Date of Check: _____Check Number: _____ Date Mailed: _____