

**MONTANA CONFERENCE TEACHER'S**  
**AUTHORIZED TRAVEL EXPENSE REPORT**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

I hereby make application for transportation expense reimbursement of authorized travel for

\_\_\_\_\_ as follows:  
(Meeting/Convention)

Dates	From (Location)	To (Location)	Round Trip Total Miles	Total Amount (Rate @ .42)	For Office Use only
(You are encouraged to carpool; however, extra mileage is not paid for doing so)					
Name of person(s) I carpoled with: _____					
FLIGHT – ticket cost plus travel insurance (if any)			Total flight cost	\$	\$
CAR RENTAL (including fuel for rental)			Total rental cost	\$	\$
HOTEL – Number of nights _____ (Attach original motel billing to this report)			Total motel costs	\$	\$
PER DIEM – Number of days _____ (full day = \$54, partial = \$41, fully entertained = \$19)			Total per diem costs	\$	\$
MILES – (from above) _____			Total miles amount	\$	\$
<b>AMOUNT TOTAL</b>				\$	\$

Approved by Superintendent \_\_\_\_\_

Date \_\_\_\_\_