



# Montana Nurses Association

20 Old Montana State Highway ~ Clancy, MT 59634  
 Phone (406) 442-6710 Fax (406) 442-1841

## Travel Expense Reimbursement Form-2020

<b>Name:</b>		<b>Date of Request:</b>	
<b>Mailing Address:</b>			
Street Address or PO Box		City	Zip
<b>Phone:</b>		<b>Email:</b>	

<b>Purpose(s) for Expense</b> (check all that apply)	<input type="checkbox"/> BOD	<input type="checkbox"/> E&GW	<input type="checkbox"/> PD	<input type="checkbox"/> CPGA	<input type="checkbox"/> CAP
	<input type="checkbox"/> CONVENTION	<input type="checkbox"/> LABOR RETREAT			
	<input type="checkbox"/> OTHER – Specify: _____ Date(s) _____				

<b>Mileage</b> (see mileage chart reverse side*): Round Trip between: _____ and _____	# of Miles	Total Amount Mileage: \$
<b>Meals:</b> (Please submit original receipts)	# of Meals	Total Amount Meals: \$
<b>Lodging</b> (please submit original receipts): Number of nights _____ at \$ _____ per night		Total Amount Lodging: \$
<b>Miscellaneous</b> (please submit original receipts): Specify here: _____		Total Amount Misc: \$
		<b>Total Amount</b> \$

<b>For Office Use Only</b>		
<b>Reimbursement Approved</b>		
		<b>Amount</b>
<b>Total Paid to Member</b>		\$
<b>APPROVED BY</b>	<b>DATE</b>	

**UNIFORM TRAVEL AND REIMBURSEMENT POLICY**  
**FOR MEMBERS OF THE BOARD OF DIRECTORS,**  
**COUNCILS AND COMMITTEES**

1. An itemized statement of expenses shall be submitted to the MNA office within 15 days after attendance at an MNA meeting.
2. Reimbursement is made on the basis of receipts submitted.
3. Travel reimbursement rates:
  - a. Lodging: Reimbursement will be made for the actual cost of the room.
  - b. Transportation: Automobile travel is reimbursed based on mileage. You may choose the Volunteer rate or GSA rate for your personal vehicle. The GSA rate is subject to change according to Federal guidelines for mileage reimbursement and is generally reviewed annually for adjustment. (Air travel must have prior approval of the President or Executive Director.)
  - c. Meals: Meals are **not** a reimbursable expense.

**MNA 2019 Mileage Reimbursement Chart**

Location	Montana City	Round Trip	Volunteer Rate	Total Mileage Reimbursement	GSA Rate	Total Mileage Reimbursement
Anaconda	85	170	25¢/mile	\$42.50	58¢/mile	\$98.60
Bigfork	181	362	25¢/mile	\$90.50	58¢/mile	\$209.96
Billings	230	460	25¢/mile	\$115.00	58¢/mile	\$266.80
Bozeman	101	202	25¢/mile	\$50.50	58¢/mile	\$117.16
Butte	70	140	25¢/mile	\$35.00	58¢/mile	\$81.20
Columbus	196	392	25¢/mile	\$98.00	58¢/mile	\$227.36
Cut Bank	195	390	25¢/mile	\$97.50	58¢/mile	\$226.20
Denton	186	372	25¢/mile	\$93.00	58¢/mile	\$215.76
Deer Lodge	62	124	25¢/mile	\$31.00	58¢/mile	\$71.92
Dillon	126	252	25¢/mile	\$63.00	58¢/mile	\$146.16
Ennis	100	200	25¢/mile	\$50.00	58¢/mile	\$116.00
Forsyth	307	614	25¢/mile	\$153.50	58¢/mile	\$356.12
Glasgow	368	736	25¢/mile	\$184.00	58¢/mile	\$426.88
Glendive	429	858	25¢/mile	\$214.50	58¢/mile	\$497.64
Great Falls	95	190	25¢/mile	\$47.50	58¢/mile	\$110.20
Havre	210	420	25¢/mile	\$105.00	58¢/mile	\$243.60
Kalispell	202	404	25¢/mile	\$101.00	58¢/mile	\$234.32
Lewistown	194	388	25¢/mile	\$97.00	58¢/mile	\$225.04
Libby	291	582	25¢/mile	\$145.50	58¢/mile	\$337.56
Livingston	127	254	25¢/mile	\$63.50	58¢/mile	\$147.32
Miles City	352	704	25¢/mile	\$176.00	58¢/mile	\$408.32
Missoula	121	242	25¢/mile	\$60.50	58¢/mile	\$140.36
Roberts	228	456	25¢/mile	\$114.00	58¢/mile	\$264.48
Shelby	173	346	25¢/mile	\$86.50	58¢/mile	\$200.68
Sidney	466	932	25¢/mile	\$233.00	58¢/mile	\$540.56
Whitefish	215	430	25¢/mile	\$107.50	58¢/mile	\$249.40