

2017

TRAVEL REIMBURSEMENT REQUEST

*If not returned within 60 days, you may not be reimbursed.

MEETING REPORT

Please write three or four sentences, which describe action/discussion of interest. If there are issues which you feel should be referred to an MAR committee, please use an additional sheet or contact the appropriate MAR staff person.

ISSUE/TOPICS COVERED:

NAME: _____

COMPANY NAME: _____

ADDRESS TO MAIL REIMBURSEMENT: _____

CITY _____ ZIP: _____ PHONE: _____

MEETING PURPOSE (e.g. committee name, convention): _____

MEETING DATE(S): _____ LOCATION: _____

AIR FARE _____ (Ticket with cost circled or invoice must be attach) \$ _____

MILEAGE _____ map miles (see back) x 2 = _____ x .54/mile = \$ _____

HOTEL _____ Nights @ \$ _____ Per night(invoice must be attached) \$ _____

*PER DIEM (_____ Hotel Nights x \$ _____) \$ _____

EVENT COST \$ _____

OTHER (Receipts must be attached) \$ _____

I currently receive no funding from my local board.

I serve on the following: Circle all that apply

Executive Committee, Board of Directors, Subcommittee: Specify _____
(Name of Group)

NAR Director, NAR Committee Chair or Vice Chair: Specify _____
(Name of Committee)

NAR Committee Member: Specify _____ MAR Committee Member: Specify _____
(Name of Committee) (Name of Committee)

Other: Specify _____

Signature: _____

*Per IRS policy, the maximum allowable per diem rate for in-state travel is \$25.00/day. For out-of-state travel, the rate is \$46/day. Per MAR policy, out-of-state per diems are paid at \$85/day. The difference of \$39/day is taxable and will be reported to you on a 1099 at year-end. Please keep any receipts to substantiate the expenses for your tax returns.

NO REIMBURSEMENT NEEDED. RODE WITH _____

Subtotal \$ _____

Less Deposit(s) Made by MAR \$ (_____)

TOTAL \$ _____

FOR OFFICE USE ONLY:	
REVIEWED _____	APPROVED _____
CLASS Travel: In State Out of State (circle one)	
ACCT#6154.3 Mileage \$ _____	
ACCT#6154.2 Per Diem \$ _____	
ACCT#6154.5 Lodging \$ _____	
ACCT#6154.4 Airfare \$ _____	

Map Miles - Local Boards to Helena					
Based on IRS allowable \$0.54 per mile					
2017 Mileage Rates					
Board Location	Miles One Way	Rate	Total \$ One Way	Miles Round Trip	Total \$ Round Trip
Big Sky	136	.54	\$73.44	272	\$146.88
Billings	239	.54	\$129.06	478	\$258.12
Bitterroot (Hamilton)	161	.54	\$86.94	322	\$173.88
Gallatin (Bozeman)	98	.54	\$52.92	196	\$105.84
Butte	68	.54	\$36.72	136	\$73.44
Columbia Falls	237	.54	\$127.98	474	\$255.96
Cut Bank	194	.54	\$104.76	388	\$209.52
Dillon	133	.54	\$71.82	266	\$143.64
Eastern Montana (Miles City)	384	.54	\$207.36	768	\$414.72
Glendive	459	.54	\$247.86	918	\$495.72
Gateway (Sidney)	510	.54	\$275.40	1020	\$550.80
Great Falls	90	.54	\$48.60	180	\$97.20
Havre	205	.54	\$110.70	410	\$221.40
Lakeside	220	.54	\$118.80	440	\$237.60
Lewistown	195	.54	\$105.30	390	\$210.60
Lincoln County (Libby)	305	.54	\$164.70	610	\$329.40
Madison Beaverhead (Ennis)	112	.54	\$60.48	224	\$120.96
Twin Bridges	115	.54	\$62.10	230	\$124.20
Missoula	115	.54	\$62.10	230	\$124.20
Northwest Montana (Kalispell)	229	.54	\$123.66	458	\$247.32
Park County (Livingston)	125	.54	\$67.50	250	\$135.00
Sanders County (Thompson Falls)	215	.54	\$116.10	430	\$232.20
Three Forks	69	.54	\$37.26	138	\$74.52
Whitefish	244	.54	\$131.76	488	\$263.52