

# Montana Pharmacy Association Board Travel Policy and Expense Form

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Address to send check: \_\_\_\_\_

### Mileage or Airfare

Mileage is reimbursed at the state rate in effect at the time of the meeting, currently \$0.67 per mile. Airfare is reimbursed at cost or equal to mileage reimbursement, whichever is less. Travel is reimbursed from city of residence for directors and city of school residence for students. Receipts required for airfare.

### Lodging

Directors who require overnight lodging to attend a meeting may be reimbursed up to \$200 per meeting including tax. Receipts are not required. The pharmacy technician and student representative members of the board are reimbursed at actual cost for one night in a standard room.

### Meals

Meal costs are eligible for reimbursement at the state rate if meals are not provided as part of the board meeting or any convention. Receipts are not required. Current rates \$5 breakfast / \$6 lunch / \$12 dinner.

### Other Expenses

Other expenses (food for membership or training event; gifts of recognition, etc) must be pre-approved by the MPA president or board of directors prior to reimbursement. Receipts are required.

### Out of State Travel

Airfare mileage, lodging, registration and meals are eligible for reimbursement if:

- travel has been pre-approved by the president or board of directors;
- the budgeted amount of \$750 is not exceeded. Note: Up to two \$750 out-of-state travel grants allowed each year;
- receipts are provided.

### General Information

Expense forms requested within one month of meeting date or prior to the end of the fiscal year.

Purpose of Meeting \_\_\_\_\_

Location \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Total mileage to/from meeting \_\_\_\_\_ miles x \$0.67 = \$ \_\_\_\_\_

Lodging – up to \$200 per meeting       Yes       No      \$ \_\_\_\_\_

Meals – Breakfast - \$5 / Lunch - \$6 / Dinner - \$12. Please provide info below.

Meals \_\_\_\_\_ Date \_\_\_\_\_ = \$ \_\_\_\_\_

Meals \_\_\_\_\_ Date \_\_\_\_\_ = \$ \_\_\_\_\_

Other Expenses – List item and purpose below.

\_\_\_\_\_ = \$ \_\_\_\_\_

**Total Reimbursement** \$ \_\_\_\_\_

**Return to MPA – onsite / fax – 406-442-8018 / scan to [info@rxmt.org](mailto:info@rxmt.org) / PO Box 1569, Helena, 59624.**