Office of Public Instruction
Denise Juneau, Superintendent
PO Box 202501
Helena, MT 59620-2501

Non-Employee Reimbursement Request

SEND FORM TO OPI Project Liaison: Amy Kruse Questions? Call (406) 444-5643
(Mail to PO Box listed in header above)

Directions: This form is used by an **individual** non-OPI employee to claim: 1) travel reimbursements for OPI sponsored functions; and 2) honorarium, or other reimbursements under OPI Letters of Understanding. This form should be used by an **individual** for his/her **personal expenses only**, not organizations, businesses or school districts.

Please **PRINT LEGIBLY.** After travel has taken place or after the event requiring payment has occurred, please submit this form, along with the attached Substitute W-9 listing your payment information to the OPI project liaison listed above. Please attach a voided check to the Substitute W-9, and note a current e-mail address on the form so OPI can issue an electronic payment to your account and notify you of the deposit.

Reimbursements will be calculated by OPI based on current state rates; **LODGING**: $89.00 plus tax (with lodging receipt), or $12.00 with no receipt; **MEALS PER DIEM**: $5 (B), $6 (L), $12 (D); and **MILEAGE** (driver only) at $.54 per mile (effective 1/1/2015).

Honorariums, meals without an overnight stay, and non-receipted lodging are taxable. If you receive $600 or more in a calendar year from all state agencies, you will be issued a Form 1099.

NAME: (Print)_____
ADDRESS:_____
CITY, STATE, ZIP CODE:_____
TELEPHONE:_____
E-MAIL:_____

SUBSTITUTE W-9: form attached.

WORKSHOP/EVENT ATTENDED: (Name, Location, Date)
Student Advisory Board, Helena, March 31, 2016
_____

LODGING: (Attach Original Receipts) List the person's name if you are claiming reimbursement for shared room expense on one receipt with another event participant.
_____

MEALS PER DIEM:
Date you left home:_____Time:_____a.m./p.m.
Date arrived home: _____Time:_____a.m./p.m.

OTHER EXPENSES: (List separately & attach receipts)
(Other expenses might include taxi, parking, or plane ticket reimbursement in lieu of mileage, registration, tuition, and other non-travel costs that were approved in an OPI Letter of Understanding (LOU) before the event.)
_____
_____
_____

MILEAGE/TRAVEL: (OPI will calculate mileage based on points of travel. Mileage reimbursement is provided for **driver only**.)
Are you the driver? Yes_____ No_____
Passenger's Name(s):_____
Points of Travel: (Example: Missoula – Helena – Missoula
_____

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CERTIFICATION OF TRAVELER

I certify this reimbursement request is correct in all aspects and I have not received and will not receive payment for these costs from another source.

_____
Participant's Signature *Date*

OPI USE ONLY
OPI LETTER OF UNDERSTANDING (LOU) #_____

Are you an employee of the State of Montana?
Yes – Agency: _____No_____

OPI USE ONLY
Note: Attach pre-approval for out of state travel.

LODGING: $_____

MEALS PER DIEM: $_____

LESS-MEALS PROVIDED: $_____

OTHER EXPENSES: $_____
(Attach Receipts)
Round Trip Miles (Driver Only)_____

MILEAGE: $_____

HONORARIUM: $_____
(Attach Letter of Understanding (LOU)

TOTAL:_____

BUDGET:_____

_____
Signature of OPI Project Liaison **Date**

_____
Signature of Division Administrator **Date**
or Assistant Division Administrator/Designee

Use back of this form or attach additional sheets for any additional information regarding car pool/rooms/meals, etc.

Revised 3/2014 ljb