

City of Bozeman

All Restaurant Meals when NOT in an Overnight Travel Status.

Claim Form & Taxable Fringe Benefit Form

Withholding will be done at pro rata share of the total bill, unless specific amounts are listed for each name in the table. Please use link below to find the GSA Rate for the city you are traveling to.

[Per Diem Rates | GSA](#)

Date: _____

<u>Employee Name</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>

Attach receipts here when not in travel status and eating at a restaurant.

Receipt must be itemized unless you are receiving Per Diem Rates

Per Diem-No Receipt needed

TOTAL: _____

A/P Coding: _____

Approval Signatures: _____

Brief Description of Meeting Topic:
