

**APPENDIX VII
STATE HOSA TRAVEL REIMBURSEMENT FORM**

This form should be completed, scanned and Katie Meier montanahosa@katiemeier.co

Name:			
Address 1:			
Address 2:			
City:	State:	Zip:	
Date(s) of Travel:			
Reason for Travel:			
From:	To:	Miles RT:	
If meals are not provided, reimbursement for breakfast/lunch/dinner is \$7/\$11/\$23	Breakfast	Lunch	Dinner
Check to made payable to:			
Check to mailed to:			
Signature: (typed suffices):			
For office use:			

You may also mail it to: Montana HOSA, 3606 Surrey Circle, Billings, MT 59102

Montana Board of Directors passed motion 3/17, that mileage reimbursement would be current state rate of \$.27/mile and must be pre-approved bay Montana HOSA. The higher state rate may be approved under special circumstances by Montana HOSA.