



Billings Public Schools

In-District Meal Claim

Form

Lincoln Center
Business Office
415 North 30th
Billings, MT 59101

District employees must complete this form to request reimbursement for In-District meals when the meal was paid out-of-pocket. If the meal was charged on a Pcard, this form must be filled out for In-District meal verification and kept with the appropriate Pcard receipts. Expenses for meals within the District are neither reimbursable nor payable with a Pcard unless it is necessary for the employee to conduct business during the meal. An explanation of the nature of the business is required. There shall be no reimbursement or charges on a Pcard for the purchase of alcoholic beverages either within or outside of the District. For more information, refer to Board Policy 7320.

Date of Meal _____ / _____ / _____

Restaurant _____

List Each Individual Present and Job Title (attach additional paper if necessary)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Describe the Nature of Business

Total Cost of Food \$ _____

Total Cost of Non-Alcoholic Beverages \$ _____

Requested Reimbursement or Pcard Charges \$ _____

Employee Name/Title

Employee Signature

Date

Employee Address
Zip code

City

State

Supervisor Name

Supervisor Signature

Date

* Receipts required (attach to form)

District Use Only:

Budget Code