

## **In-District Meal Claim Form**

Lincoln Center Business Office 415 North 30<sup>th</sup> Street Billings, MT 59101

Any time a meal expense is paid from any District account or fund, a claim form must be submitted to verify the nature of the business completed during the meal. Meal expenses include restaurant, catering, or food purchases made for staff. Expenses for meals within the District are not authorized unless it is necessary for the employee to conduct business during the meal. There shall be no reimbursement or payment by the District for the purchase of alcoholic beverages either within or outside of the District. For more information, refer to board Policy 7320.

Date of Meal or Foo	od Purchase:			
Nature of Business	Conducted:			
Purchased From:	1)		Cost:	
	2)			
*Itemized Receipt	s Required. Pleas	e attach.		
Budget code used for	or purchase(s):		<b>-</b>	<b>-</b>
List Each Individua	l Present and Job	Γitle (Attach list if neede	d):	
1.				
2				
2				
4				
-				
7				
0				
·				
Employee Name - Printed		Employee Signature		Date
Supervisor Name - Printed		Supervisor Signature		 Date