Boc		rd of Regents Travel Reimbursement and Daily Per Diem Form		nt ITEM 184-108-R0919_A1	
			OCHE Policy 807.2		
		vision: BOR	Org Number: BOR-2		
Dates of Travel:	es of Travel: Name and Mailing Address:				
Justification (Purpose of travel, explanation of event, and destination)					
· · · · · · · · · · · · · · · · · · ·			,		
TRAVEL DETAILS					
Date/Time of Departure:		Date/Time of Arrival at Destination:		Date/Time of Arrival/Return:	
Departure Location:		Destination Location:		Return Destination:	
Total Miles Traveled to be Reimbursed:			Rental Car 🛛	Personal Car	
TRAVEL EXPENSES					
Hotel/Lodging:			Registration Fees:		
Ground Transportation (Taxi/Uber):			Materials:		
Parking:			Meals (not provided):		
Other (please explain):			Airline Travel Costs:		
Per Die	em - Dailv	Pavment of \$5	0.00 as a member of the Boa	ard of Regents	
_			s of Service Eligble for Per Die		
U Waive Per Diem					
SIGNATURE: DATE:					
	OR	TERMS OF AC	CEPTANCE AND SIGNATUR	E	
ELECTRONIC SIGNATURE: DATE:					
Please Type Your First and Last Name):					
I understand this constitutes a legal signature confirming that I acknowledge & agree to the above travel information					
NOTE: Meals and Hotel Rates will be reimbursed in accordance with BOR and State Policy					
			ch event and return it to the Of		
Higher Education, PO Box 203201 (560 North Park Avenue), Helena, MT 59620-3201. All receipts must be attached (if the service was purchased by you) including lodging, airline or bus tickets, rental cars, airport					

parking, etc. Meal receipts are not required.