The Restaurant Authorization Form is required only when a pro card or vendor invoice is utilized to purchase fire related, sit down restaurant meals, and all restaurant prepared take-out meals delivered to an office or staging location. This form is not needed for sack lunches or meals purchased for the fire line. This form is not needed when meals are purchased out-of-pocket. If expenses are covered out-of-pocket, a travel expense voucher should be submitted.

Examples of use:
- Fire camp meal is not provided and meals are on your own
- Multiple people are en-route to/from a fire assignment
- Severity and seasonal resources are held over and must be fed
- Individual fire meal paid with state creditcard
- Personnel not relieved of duty and therefore unable to supply independent meal(s)

Fire meal rates are only available within the state of Montana. Fire Meal rates are as follows:

<table>
<thead>
<tr>
<th>Meal</th>
<th>In State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$10.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$11.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$15.00</td>
</tr>
<tr>
<td>Total</td>
<td>$36.00</td>
</tr>
</tbody>
</table>

When traveling outside the state of Montana, out-of-state employee per diem can be utilized as per MCA 2-18-501 and a travel expense voucher should be submitted.

Out-of-state/country meal rates are as follows:

<table>
<thead>
<tr>
<th>Out of State</th>
<th>Out of Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$13.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$14.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$23.00</td>
</tr>
<tr>
<td>Total</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

| Federal/CONUS Per Diem Rates for Area |

- The Restaurant Authorization form should be filled out in full and attached to the appropriate payment documentation. A detailed restaurant receipt is required in all situations.
- A gratuity is allowed when purchasing meals related to fire assignments (except when out-of-state meals are purchased out-of-pocket). The maximum gratuity allowed is 15% unless it is clearly stated on the menu that large groups are automatically assessed a higher percentage.
- Individual names of those being fed must be included. If names are not available (i.e. IA resources being dispatched) please include this in the justification. An overage is allowable in an exigency circumstance (i.e. IA, only one restaurant in town and menu prices exceed fire meal rates). This MUST be documented on thereceipt.

If arranging for a direct bill with the vendor, a vendor invoice form should also be filled out and attached. Please make sure to include the Tax ID number and complete address of the vendor and obtain their authorizing signature.

For out-of-state fire assignments – out-of-state meal rates are in effect from the time of departure from the home unit or point of departure to the time of return to the home unit or point of return, regardless of method of travel. For assignments that are out-of-country, federal rates apply.

Updated 6/1/2019
MONTANA DNRC RESTAURANT AUTHORIZATION FORM

Area or Unit Office: ___________________________ Date: ___________________________

Fire Name: ___________________________ SABHRS/Incident #: ___________________________

Individual Name: ___________________________ Crew Name: ___________________________ Engine #: ____

Payment Method: ___________________________ State Credit Card Vendor Charge Acct Other

Eat In Restaurant: ☐ Take Out* ☐ * Justification:

Restaurant Name: ___________________________ Federal ID#: ___________________________

Address: ___________________________

No. of Fire Meals: ___________________________

Maximum $ allowed per meal: $ ____________ Meal(s) cannot include alcoholic beverages. Any costs exceeding the maximum allocated amount must be paid to the vendor directly by the individual.

Vendor Signature if charging/direct bill:

Printed Name of all Personnel (Last name first) or attach list:

1. ___________________________ 11. ___________________________

2. ___________________________ 12. ___________________________

3. ___________________________ 13. ___________________________

4. ___________________________ 14. ___________________________

5. ___________________________ 15. ___________________________

6. ___________________________ 16. ___________________________

7. ___________________________ 17. ___________________________

8. ___________________________ 18. ___________________________

9. ___________________________ 19. ___________________________

10. ___________________________ 20. ___________________________

Comments/Justification:

Pro Card Held by: ___________________________

Name: ___________________________

Signature: ___________________________