

MONTANA DNRC RESTAURANT AUTHORIZATION FORM INSTRUCTIONS

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:

Meal	In State
Breakfast	\$13.00
Lunch	\$15.00
Dinner	\$26.00
Total	\$54.00

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:

	Out of State	Out of Country
Breakfast	\$13.00	Refer to: Montana Employee Travel
Lunch	\$15.00	
Dinner	\$26.00	
Total	\$54.00	

- 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, refer to MCA 2-18-501(4), or see the Montana Employee Travel policy.

MONTANA DNRC RESTAURANT AUTHORIZATION FORM

Area or Unit Office: _____	Date: _____
Fire Name: _____	SABHRS/Incident #: _____
Individual Name: _____	Crew Name: _____
Engine #: _____	
Payment Method: <input type="checkbox"/> State Credit Card <input type="checkbox"/> Vendor Charge Acct <input type="checkbox"/> Other	

Eat In Restaurant: <input type="checkbox"/> Take Out* <input type="checkbox"/> * 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: _____