**MONTANA DNRC FIRE MEAL AUTHORIZATION FORM INSTRUCTIONS**

The **Fire Meal Authorization Form** is required only ***when a Procard or vendor invoice is utilized*** to purchase **fire related**, sit-down restaurant meals, restaurant prepared take-out meals delivered to an office or staging location, or groceries purchased for fire meal preparation*.* This form must be completed and attached to the itemized receipt or invoice, as documentation of the transaction. ***This form is not needed when purchasing sack lunches or meals delivered to the fire line. This form is not needed when employees, in travel status\*, purchase meals out-of-pocket.*** If meals are purchased out-of-pocket, a Travel Expense Voucher may be submitted for reimbursement.

\*Travel status is defined in the Montana Employee Travel Policy.

**Examples of use:**

* Fire camp subsistence is not provided, and meals are on your own.
* Multiple people are enroute to/from a fire assignment.
* Severity and seasonal resources are held over and must be fed.
* Individual fire meal paid with state credit card.

**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 rates are utilized as per MCA 2-18-501. For out-of-country travel, rates are variable, and it is incumbent upon the employee to familiarize themself with proper purchasing procedures and restrictions.

**Out-of-State/Country meal rates are as follows:**

|  |  |  |
| --- | --- | --- |
|  | **Out of State** | **Out of Country** |
| **Breakfast** | $13.00 | Refer to: [Montana Employee Travel](https://montana.servicenowservices.com/citizen/?id=kb_article&sys_id=47ff7ce81bb11810135cebdbac4bcb98&spa=1) |
| **Lunch** | $15.00 |
| **Dinner** | $26.00 |
| **Total** | **$54.00** |

**Additional information, summary of requirements:**

* When utilizing a Procard or vendor invoice for the purchase of meals, the Fire Meal Authorization Form must be completed in full and the detailed, itemized receipt must be attached.
* 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 on the Fire Meal Authorization form. 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 the receipt.**
* 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.

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

**MONTANA DNRC FIRE MEAL 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: |
| Name of Establishment: | 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**: