

Legislative Interim Compensation Opt-Out Form
5-5-302, MCA as amended by the 69th Legislature's Senate Bill 64

You have the right to opt out of any or all entitlements. The left column indicates your entitlement. The right column is your election to reduce your entitlements as indicated. Your choice will be used until it expires **December 31, 2026**.

Name:

1-Day Meeting:

	Entitled	I wish to reduce my entitlement as indicated below
Salary - days	3	
Meals	9 (3 each of B, L, D*)	
Lodging - nights	2	
Mileage	404	

*B = Morning (breakfast); L = Midday Meal (lunch); D = Evening Meal (dinner)

Each additional consecutive meeting day:

	Entitled	I wish to reduce my entitlement as indicated below
Salary - days	1	
Meals	3 (1 each of B, L, D*)	
Lodging - nights	1	
Mileage	N/A	

*B = Morning (breakfast); L = Midday Meal (lunch); D = Evening Meal (dinner)

When complete, please email the form to legfinservices@legmt.gov from your legmt.gov email address.

Please reach out with any questions.