



FEDERAL MEAL CALCULATION WORKSHEET (FOR FEDERAL FUNDED TRAVEL)

Upon return from your trip, complete the Meal Calculation Worksheet below to reimburse meal expenses. **MUST ATTACHED ITEMIZED RECEIPTS**

Name of Employee: _____

Destination: _____

Purpose: _____

DATE	LESSOR OF ACTUAL COST OR PER DIEM AS LISTED ON THE STATE TRAVEL REIMBURSEMENT GUIDE	INCIDENTAL EXPENSES (NOT ALLOWED using Federal Funds)	TOTAL
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		TOTAL	\$

Mail to: Kathy Pruitt, Purchasing

For Business Office Use:

Check #	Dated:
Issued to:	\$