

**ALTO I.S.D.
MEAL FORM**

Employee Name: _____
Date Leaving: _____ Time _____
Date Returning: _____ Time _____
Purpose of Travel: _____
Destination: _____

If a meal is provided at a function being attended, such as a banquet included in the conference registration, that meal will not be eligible for payment.

Per Diem meal expense:

Breakfast*	_____	X \$8.00/each =	_____
	(# of days eligible)		
Lunch	_____	X \$14.00/each =	_____
	(# of days eligible)		
Dinner**	_____	X \$23.00/each =	_____
	(# of days eligible)		
	Total amount requested		_____

Employee signature

Date

Supervisor approval

Date

*Breakfast expense will be allowed on day of departure if leaving before 6:00 AM.

**Dinner expense will be allowed on day of return if arriving after 6:00 PM.

Budget Code: _____