



MEAL CALCULATION WORKSHEET

Upon return from your trip, complete the Meal Calculation Worksheet below to validate meal expenses.

Name of Employee: _____

Destination: _____

Purpose: _____

DATE	LESSOR OF ACTUAL COST OR PER DIEM AS LISTED ON THE STATE TRAVEL REIMBURSEMENT GUIDE	INCIDENTAL EXPENSES (NOT TO EXCEED \$5)	TOTAL
TOTAL			\$

Mail to: Kathy Pruitt, Purchasing

For Business Office Use:

Check #	Dated:
Issued to:	\$