



MEAL CALCULATION WORKSHEET

Upon return from your trip:

1. Fill out the Meal Calculation Worksheet below to validate meal expenses.
2. Attach the completed worksheet to your Check Request.

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/Day)	TOTAL
TOTAL			\$

For Business Office Use:

Check #	Dated:
Issued to:	\$