Monroe Township School District

Meal Reimbursement Certification Form

Employee Name: _____Department/School: _____

Date(s) of Travel: _____Destination/Purpose of Travel: _____

Allowable Meal Reimbursement (GSA Rates)

Date(s) Meal (B/L/D) Amount Comments

Total Meals Allowable: $_____

Meal(s) Acknowledgement Section

Please indicate below if you **received any meals** (e.g., conference-provided, hotel, or hosted meals).
If meals were provided, list the date(s) and types of meals (lunch, breakfast, dinner) and GSA cost.

Date(s) Meal (B/L/D) Amount Comments

Total Value of Provided Meals: $_____

Net Total Reimbursement Requested (GSA Meals minus Provided Meals): $_____

By signing below, I certify that:

1. I am requesting reimbursement only for meals purchased personally by me during official district business travel.
2. All meals submitted for reimbursement are within the GSA per diem limits for the applicable location and date of travel.
3. I understand that providing inaccurate or false information may result in denial of reimbursement and/or disciplinary action.

Employee Signature: _____ Date: _____

No Meal(s) Acknowledgement Section

By signing below, I certify that:

1. I did not receive any free or provided meals (such as through a conference, training, hotel, or hosted event).
2. I understand that providing inaccurate or false information may result in denial of reimbursement and/or disciplinary action.

Employee Signature: _____ Date: _____