

Port Townsend School District Meal Reimbursement Report

Name [print]: _____

PO #: _____

School / Program: _____

Trip Pre-Approved: Yes / No

Trip Dates: _____

Overnight Trip? Yes / No

MEAL DETAILS

Attach **Itemized Receipts** for all meals claims (restrictions apply as noted below):

- No Alcohol allowed.
- Maximum allowed amounts include tips at no more than 15%.
- Enter amounts to claim in each cell, but not in excess of allowed amounts.
- Breakfast is not reimbursed for a trip that starts at home.
- Do not claim meals for more than one person on this form.
- Return to your Supervisor within 7 days of travel for approval of reimbursement.

Current Meal Reimbursement Rates @ <https://www.gsa.gov/travel/plan-book/per-diem-rates>

- Enter City & State

- Scroll down page for Meals & Incidentals (M&IE) Breakdown to see the Reimbursement Rates

Date	Breakfast (\$)	Lunch (\$)	Dinner (\$)	Place of Meeting	Purpose of Trip

Total Reimbursement Requested: \$ _____

****Note:** Per direction from the Internal Revenue Service, after December 31, 1999, all meals reimbursed not associated with overnight travel are to be process through payroll as a taxable benefit. For purposes of social security and withholding deductions, this will increase your gross pay, social security deduction and possibly your withholding liability in the month of the claim reimbursement payment.

I hereby certify that this is a true and correct claim for necessary meal expenses incurred and for which I have not been reimbursed in any form.

Claimant Signature: _____

Date: _____

Budget Account Code to Charge: _____

Administrator Approval: _____

Date: _____