



# TAXABLE MEAL REIMBURSEMENT FORM

(For Travel which did not include an overnight stay.)

Person Submitting Request: \_\_\_\_\_

Department: \_\_\_\_\_ Accounting Code: \_\_\_\_\_

Purpose of travel: \* \_\_\_\_\_

**Note:** Detailed meal receipts must be attached to this request.

DATE	LOCATION	AMOUNT

**Maximum reimbursement amounts**

Morning (\$10) Midday (\$15) Evening (\$20) / \$45 per day **Total** \$ \_\_\_\_\_

Statement of Elected Official or Department Head

The above named employee is hereby authorized to submit this reimbursement request for the purpose stated hereon.

Signature of Official or Department Head	Date

**All non-overnight travel expenses for meals are reimbursed through payroll and are included in Taxable wages per IRS guidelines.**

Submit this form to Human Resources. Your reimbursement will be included on the next paycheck following the end of the pay cycle in effect at the time the request is submitted.

\*Attach meeting or conference program/agenda and /or other documentation supporting the need for this travel expenditure.