Sanford School Department Employee Meals, Hotels & Incidentals Business-Related Trip

Employee's N	ame:			
Employee's A	ddress:			
Department:				
Purpose of Tr	ip:			
Dates of Trav	el:			
Location:		er Diem Allowable Rates for Meals & Incidentals Max V urip must be business-related Max AND pre-approved. Detailed receipts are Max quired AND must be submitted within Max 60 days. Vendor/Hotel Amount Receipt Y N Y N Y N Y N Y N Y N Y N Y		
	0 11000			
Breakfast: Lunch: Dinner: Incidentals:	\$1 7 \$1 8 \$34 \$5	Max Max Max	V urip must be busine AND pre-approved. Detaile quired AND must be sub	ed receipts are
<u>Date</u>	<u>Meal</u>	<u>Vendor/Hotel</u>	<u>Amount</u>	
				Y N
				Y N
				ΥN
				Y N
				Y N
				Y N
		Tot	al	
Employ	vee's Signature:			
Direc	tor's Signature:			