

GRANT FUNDS MEALS WORKSHEET

Name: _____

Please fill out completely to avoid delays in reimbursement.

****Actual cost not to exceed max. amount allowed.****

	Breakfast <i>(must leave <u>before 6 a.m.</u> to claim)</i>	Lunch <i>(must leave <u>before noon</u> to claim)</i>	Dinner <i>(must return <u>after 6 p.m.</u> to claim)</i>	
Date:	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Daily Grand Total
	Max amount allowed - \$13.00	Max amount allowed - \$14.00	Max amount allowed - \$23.00	max=\$50.00
	Actual Cost \$ _____	Actual Cost \$ _____	Actual Cost \$ _____	\$ _____
Date:	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Daily Grand Total
	Max amount allowed - \$13.00	Max amount allowed - \$14.00	Max amount allowed - \$23.00	max=\$50.00
	Actual Cost \$ _____	Actual Cost \$ _____	Actual Cost \$ _____	\$ _____
Date:	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Daily Grand Total
	Max amount allowed - \$13.00	Max amount allowed - \$14.00	Max amount allowed - \$23.00	max=\$50.00
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Date:	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Meal Provided? Y or N _____	Daily Grand Total
	Max amount allowed - \$13.00	Max amount allowed - \$14.00	Max amount allowed - \$23.00	max=\$50.00
	Actual Cost \$ _____	Actual Cost \$ _____	Actual Cost \$ _____	\$ _____

Total Actual Cost: \$ _____

I affirm that I paid the above expenses and that they are true and correct. I have attached my actual receipts. Federal cost principles do not allow gratuities or alcoholic beverages to be reimbursed, so, I did not include any above.

Claimant's Signature

Date