

# 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**

The map for current Meal Rates for Washington State is attached.

For Out of State Travel, the current Meal Reimbursement Rates can be found at

<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

**Restrictions apply as noted below:**

- › Breakfast is not reimbursed for a trip that starts at home.
- › Do not claim meals for more than one person on this form.
- › This form must be turned into the Business Office, with your Supervisor’s signature, within 10 days of travel for reimbursement.

**Enter amounts to claim in each cell, but not in excess of allowed amounts.**

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 processed 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: \_\_\_\_\_