

APPENDIX A

Employee Travel Expense Form – Non-Meals



Employee Name: _____

Department to be Charged: _____ Is this specifically budgeted travel?

Destination of Travel: _____
City County State

In-State?

Method of Travel: Other _____

Name of Event: _____

Date(s) of Event: to

Date(s) of Travel: to

Who Receives the Reimbursement? Recipient Name _____

Non-Meal Travel Expenses					
Date Incurred	Expense Type	Description	Actual Receipt Amount	Reimbursable Amount	FINANCE / RECORDS USE ONLY
<i>Non-Meal Total</i>					

Submitted by _____ Approved by _____
Employee Signature Date Dept Director/City Manager Date

APPENDIX B

Employee Travel Expense Form – Meal Per Diem



Employee Name: _____

Department to be Charged: _____ Is this specifically budgeted travel?

Destination of Travel: _____
 In-State? _____
 City _____ County _____ State _____

Name of Event: _____

Date(s) of Event: to

Date(s) of Travel: to

Meal Per Diem Level In-State = Level 1

Iowa DAS Per Diem Website
<https://das.iowa.gov/state-employees/travel-and-relocation/reimbursement/out-state-city-levels>

Meal Per Diem Reimbursement							
Date	Meal	Max Per Diem for Level	Travel Day? (%)	Was a meal option provided by the event? (%)	Eligible Amount	Meal	FINANCE / RECORDS USE ONLY
	Breakfast					B	
	Lunch					L	
	Dinner					D	
	Breakfast					B	
	Lunch					L	
	Dinner					D	
	Breakfast					B	
	Lunch					L	
	Dinner					D	
	Breakfast					B	
	Lunch					L	
	Dinner					D	
Meal Per Diem Total							

Submitted by _____
 Employee Signature _____ Date _____

Approved by _____
 Dept Director/City Manager _____ Date _____