APPENDIX C

Employee Expense Form – Local Meal Reimbursement

Employee to be Reimbursed: ______________________________

Department to be Charged: ______________________________

Max Reimb. Amt. (including tip)	
Breakfast	$ 15.00
Lunch	$ 20.00
Dinner	$ 30.00

*** Please note that all reimbursements will be considered taxable unless an agenda from an exempt organization is attached in the support.***

Meal Reimbursement

Date	Location	Purpose	Attendees	Meal Period	Max Reimb. Amount	Actual Amt. Spent w/ Tip	Reimb. Amount	FINANCE / RECORDS USE ONLY

						Meal Reimbursement Total	$ 0.00	

Please attach detailed support for the amount requested for reimbursement before turning in to the Finance Department.

Submitted by ______________________ ____________ **Approved by** ______________________ ____________

Employee Signature *Date* *Dept Director/City Manager* *Date*

CLEAR FORM SAVE AS PRINT