

**COMMUNITY ACTION OF ORLEANS & GENESEE
TRAVEL PER DIEM REQUEST FORM**

Employee Name: _____ Date : _____

TRAVEL INFO:	
Traveling to: _____ (City and State)	
Purpose of trip : _____	
Departure date: _____	Estimated Time: _____
Return date : _____	Estimated Time: _____

MEAL GUIDELINES:

~ **ON THE DAY OF DEPARTURE OR ON THE DAY RETURNING, THE FOLLOWING WILL APPLY:** *Breakfast will be allowed when an employee's time of departure from home (or the office) occurs prior to 7:00 AM or the return to home (or the office) from a trip occurs after 8:00 AM. Dinner will be allowed when an employee's time of departure from home (or the office) occurs prior to 6:00 PM or return to home (or the office) from a trip occurs after 7:00 PM.*

~ **MEAL ALLOWANCES ARE AS FOLLOWS: BREAKFAST 20%, LUNCH 30% and DINNER 50%**

~ *Any meals provided at a training/conference are not to be included in calculating your per diem. If you choose to eat elsewhere and a meal is provided as part of the conference/training, you are responsible for paying for it.*

Per diem meal amount requested (www.gsa.gov):	\$ _____
Other travel expenses (airport shuttle, taxi, tolls):	\$ _____
(Receipts are required for the above expenses)	
TOTAL PER DIEM REQUESTED:	\$ _____

Employee signature: _____

Travel per diem approved by: _____

PLEASE ATTACH THE FOLLOWING TO THIS FORM:

- Per diem rate (from gsa.gov website) with the city you are traveling to highlighted/circled
- Copy of the itinerary of the training/conference
- Details of amount requested for meals (indicating days, meals and amounts). *On the reverse side is a worksheet that can be used to calculate the per diem amount requested.*

FOR FISCAL USE ONLY	

Vendor Name: _____	Account #: _____ -6340- _____
Date Entered: _____	By: _____ Approved by: _____