Per Diem Check Request Form

Employee Name : _____   Date: _____

Department:_____   Position:_____

Destination:_____   Zip Code:_____

Date of Departure: _____   Date of Return: _____

Request for Per Diem – up to GSA allowable maximum per day

PRINT and ATTACH GSA pier diem rate from this website: https://www.gsa.gov/travel/plan-book/per-diem-rates

Requests must be made at least two weeks in advance of departure date.

MEALS & INCIDENTALS (M&IE)BREAKDOWN:

Primary Destination (city): _____   County:_____

M&IE Total: $_____ x # of Days _____ = _____

First & Last day of Travel: $_____   x # of Days _____ = _____

                                                         Total: _____

APPROVALS

_____   _____
Admin Services Manager Signature   Date

_____
Admin Services Manager Name

_____   _____
General Manager's Signature (Required for out of state travel)   Date