

SCHOOL DISTRICT OF MONDOVI MEAL REIMBURSEMENT REQUEST FORM

Name

Date Submitted

<u>Date</u>	<u>Description</u>	<u>Amount</u>

Total _____

Did the employee stay overnight to attend this event? Yes No

If yes, please list name of event/conference. _____

Signature of Requester

Approved by

Account code	Amount
_____	_____
_____	_____
_____	_____
	Total _____

Instructions:
The following items must be included to receive reimbursement: Date of meal, the identification of the event being attended, and an ITEMIZED receipt. Please refer to the meal reimbursement allowances on the back of this form.

If the employee was overnight to attend this event, the meal reimbursement is non-taxable and will be paid to the employee with an accounts payable check. If the employee did not stay overnight the meal reimbursement is treated as taxable wages. The reimbursement will be included on your payroll check and all employment taxes will be deducted.

NOTE:

Meals will only be reimbursed if the District has grant funds available to pay for the meals, or as otherwise provided for in the Employee Handbook.