Per Diem Form

Employee Name:

Supervisor Name:

Department:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	UNIT COST	# OF UNITS	COST
			TOTAL PER DIEM	

Employee Signature Date

Approval Signature Date

***All three meals per diem = $35**
***Breakfast per diem = $8**
***Lunch per diem = $12**
***Dinner per diem = $15**
***Receipts not required**
***Requests for additional money based on resort destination will be considered but must be made *PRIOR* to trip**
***No per diem will be given for any requests made more than a week after the trip**