



PERSONAL EXPENSE REIMBURSEMENT REQUEST

EMPLOYEE _____ AGENCY/DEPT _____

HOME ADDRESS _____ BUREAU/DIVISION _____

WORK LOCATION _____ DESTINATION (City, State) _____

DATE	PARTICULARS Include Vendor Name	TIN#	LONG DISTANCE TRAVEL ¹	LOCAL TRANS. ²	LODGING	MEALS ³	MISC ⁴	TOTAL
SUBTOTALS								
LESS ADVANCES								
BALANCE DUE EMPLOYEE								
BALANCE DUE AGENCY								
(Choose One)								

I hereby certify that, to the best of my knowledge and belief: a. this accounting is an accurate statement of my actual disbursements, b. the expenditures were in connection with the performance of my official City duties for the purposes indicated, c. the expenditures are eligible for City payment in accordance with City and Agency Policies, and d. no part thereof has been or is expected to be paid to me or on my behalf by any other person or entity, except as stated hereon.

EMPLOYEE SIGNATURE _____ TITLE _____ DATE _____

I hereby certify, that I have reviewed this accounting and that, to the best of my knowledge and belief: a. it is an accurate statement of the employee's actual disbursements, b. that the expenditures were in connection in the performance of official City duties for the purposes indicated, c. the expenditures are eligible for City payment in accordance with City and Agency Policies, and d. there is no reason why the expenditures should not be paid for by the City.

SUPERVISOR SIGNATURE _____ TITLE _____ DATE _____

¹ Includes air, train, bus, and auto (personal or rental).

² Local transportation includes taxi, mass transit, auto (personal or rental), tolls, and parking. **When claiming mileage for personal auto use, specify number of miles in 'particulars' column.**

³ These amounts should reflect the Daily Totals from the Meal Expense Table on page 2.

⁴ Includes telephone calls, gratuities (other than for meals), and office services. **Such tips should not be reimbursed in addition to, or in place of, the incidental expense allowance.**

Note: Every item of expense, other than meals charged at the per diem rate, requires appropriate documentation of costs *actually incurred and paid for* by the employee.

PERSONAL EXPENSE REIMBURSEMENT REQUEST *(continued)*

MEAL EXPENSE TABLE						
DATE	BREAKFAST ⁵	LUNCH ⁵	DINNER ⁵	SUBTOTAL	LESS OT MEAL ALLOWANCE ⁶	DAILY TOTAL
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
	\$	\$	\$	\$	(\$)	\$
TOTAL/NET REFUNDABLE AMOUNT						\$

OVERTIME MEAL ALLOWANCES <i>(For qualified employees)</i>	
For two continuous hours of overtime.	\$8.25
For five continuous hours of overtime.	\$8.75
For seven continuous hours of overtime.	\$10.75
For ten continuous hours of overtime.	\$11.75
For fifteen continuous hours of overtime.	\$12.75

⁵ Refer to <https://www.gsa.gov/portal/content/101518> for the six M&IE tiers in the lower 48 continental United States. Location-specific information can be found at www.gsa.gov/perdiem.

⁶ The overtime meal allowance is automatically added to a covered employee's paycheck in accordance with applicable collective bargaining agreements, and is permitted for non-managerial employees earning compensatory time, but is not authorized for Employees earning overtime. (Employees paid in cash for overtime do not receive meal allowances.) The rate of the overtime meal allowance is associated with the number of overtime hours worked.