

# TRAVEL MEAL ALLOWANCE & EXPENSE TRACKER

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Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

DATE	MEAL TYPE	VENDOR / ESTABLISHMENT	ALLOWED PER DIEM	ACTUAL COST	OVERAGE / OUT-OF-POCKET	RECEIPT ATTACHED

Total Allowed Per Diem: \_\_\_\_\_

Total Actual Expenses: \_\_\_\_\_

**Total Reimbursement  
Claimed:** \_\_\_\_\_

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Employee Signature Date

\_\_\_\_\_  
Authorized Approver Signature Date