

Advance Per Diem Request Form

Complete and return this form to the Finance Specialist fifteen (15) days prior to travel. In accordance with Policy 1600, advance travel payments shall normally be limited to per diem allowance for meals and mileage for use of privately owned vehicles. Advance travel payments for anticipated expenses less than \$75.00 shall not be provided.

Name: _____ Date: _____

Explanation of Expense: _____

Budget Line Item # _____ Training Request ___ Yes ___ No

Meals Expenses:

Per Diem	Number of Days		Rate*	Total
Breakfast	_____	X	\$ _____	\$ _____
Lunch	_____	X	\$ _____	\$ _____
Dinner	_____	X	\$ _____	\$ _____

Transportation:

Personal Vehicle Use

Number of Miles		Rate*	
_____	X	\$ _____	\$ _____

Total Amount Requested \$ _____

*Rates for meal per diem and mileage are available here: www.gsa.gov/perdiem or www.gsa.gov/mileage

Certification: I herby certify under penalty of perjury that this is a true and correct claim for necessary travel expenses incurred by me and that no payment has been received by me on account therof.

Signed: _____ Date _____

Approved: _____ Date _____

Per Diem Check # _____ Date _____