

**MEAL REIMBURSEMENT FOR
NON-OVERNIGHT TRAVEL
Millersville University**

Note: An employee who works more than two hours before the normal start of the work day or past the scheduled quitting time in non-overnight travel status will be reimbursed for the cost of the meal, up to a maximum rate established by the chancellor. This applies only if the assignment takes the employee 50 miles or more from both residence and headquarters.

The below form is to only be used to request a reimbursement for the cost of a meal while in non-overnight travel status.

Doc # _____

Traveler's Name (Print Clearly)					Bargaining Unit		Department				
Employee SAP#							Year	Amount	GL Account/Commitment Item	Cost Center/WBS/Internal Order	
Purpose of Travel:					Travel Request #						
					Travel Request #						
Date (xx/xx/xx)	Travel Time		Normal Hours Worked		List Destination	Mileage of Destination		Eligible Meal Reimbursement	Per Diem Rate	Bargaining Agreement Y/N	
	Lv	Ret	Start	End		From Home	From Campus				
								Total	\$0.00		

I certify that the statement and expenses claimed are correct, reasonable, and were incurred in the performance of University duties and that I have not and will not accept reimbursement of any of these expenses from any other source.

Traveler Signature and Date

Supervisor Signature and Date

Approved by:

Purchasing Director

*Substance Reimbursement for non-overnight travel allows up to \$8 per day when guidelines met. (Except where Bargaining Agreement supercedes this rate).

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