



## Per Diem Request Form

*Please attach a copy of the agenda and registration.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Destination & Purpose of Travel: \_\_\_\_\_

Begin on or about: \_\_\_\_\_ End on or about: \_\_\_\_\_

Mode of Transportation:    Air        Rail        Bus        Auto

Remarks: \_\_\_\_\_

I understand I am required to submit receipts to validate the above expenses within 5 working days after travel is completed. I am required to return any monies I do not have receipts to substantiate.

If I fail to submit adequate receipts/refunds for the above within the 5 days, I authorize Community Action Team, Inc. to withhold the advance per diem amount from my next payroll check.

If travel includes an overnight stay, you do not need to submit individual meal receipts, only the hotel receipt. If travel is a day trip you should submit individual receipts for meals with your mileage sheet. Per Diem allowances as of 2/1/2022 will follow the GSA Federal Register for per diem rates.

Expenses	Estimated Cost
Meal Allowance	
Carrier Transport	
Lodging	
Other	
<b>Amount of Advance Request</b>	
<i>GL/Fund/Location/Project</i>	

Employee Signature: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_