



Non-Overnight Taxable Meal Payment Request Form

First Name		
Last Name		
Employee Number		
Project	Task	Award
Departure	Date	Time
Return	Date	Time
Purpose and Destination (please attach agenda, announcement, etc. if available)		

Meal Allowance or Reimbursement	
Breakfast	\$
Dinner	\$
Total	\$

Employee Signature	
Project Director or Authorized Signature	
RF, Award Management Services Signature	
RF, AMS, Labor Distribution Signature	

CODED BY: _____ **DATE:** ___/___/___ **INPUT BY:** _____ **DATE:** ___/___/___

ADMINISTRATIVE INFORMATION

This form is used when claiming allowable rates, refer to the Research Foundation's Travel Policy and Addendum.

Payment will be made through the Payroll system by adding the non- recurring element Meal Non-Overnight and inputting the dollar amount in the appropriate field.

The non-overnight taxable meal request can processed for RF or State employees **only**. There is an additional form required for a traveler who is a State Employee.