

Prior Meal Reimbursement Authorization Form

Name _____ Department _____

Date of Travel _____ Date of Return to Work _____

Destination (City, State) _____ Phone Number at Destination _____

Location of Meeting _____

Purpose of Meeting _____

Instructions:

This form is to be completed to authorize meal reimbursement when an employee is NOT in travel status. To be eligible for reimbursement, the meal(s) must be served at and be an integral part of the meeting. This form must be attached to Travel & Expense Report Form 6213-F3 in order to receive reimbursement. See NWESD 189 travel policies and procedures for additional information.

How does this meeting relate to your work assignment?

Describe the expected benefits of this meeting.

Explain whether an alternative to this meeting could have achieved the same result.

Estimate of Expenditures

Employee Signature

Meals _____

Date _____

.....
Program Administrator's Signature

Request Approved? Yes No

Date _____

.....
Superintendent's Signature

Request Approved? Yes No

Date _____