Morgan County Employee Advance Per Diem Request

This voucher form to be used for request of advance per diem for meals only.

Employee Name:	Vendor Number:	Reporting Period:

The date, times, location and purpose of trip MUST be listed in order for reimbursement to be approved.
NOTE: Names must be listed when requesting meal reimbursement for more than one person

DATE	DESTINATION	PURPOSE	TIME		MEALS			TOTAL REIMBURSEABLE
			DEPART	RETURN	BREAKFAST	LUNCH	DINNER	
	TOTAL MEALS							a

**You must attach a meeting agenda or any other documentation that will provide info necessary for approval of advance per diem request.

VENDOR #	DHS ONLY STATE G/L #	DHS ONLY STATE TOTAL	DESCRIPTION	COUNTY SUBCODE	COUNTY G/L #	COUNTY TOTAL
DESCRIPTION						
VENDOR INV#						
INVOICE AMT						
INVOICE DATE						
INV DUE DATE						

I, HEREBY, CERTIFY THAT THIS REPORT OF MY OFFICIAL TRAVEL IS TRUE AND CORRECT.

EMPLOYEE SIGNATURE: _____ DATE _____

DEPARTMENT APPROVAL: _____ DATE _____

Prepared by _____ Date _____

Checked by _____ Date _____

Operator _____ Date _____