

For Per Diem Meal and Incidental (M&IE) Rates Within the US: FOLLOW THESE STEPS AND COMPLETE THE TABLE BELOW

Click here: <http://www.gsa.gov/portal/content/104877>. Enter the state and city of the conference. Locate the M&IE in the last column in the light blue bar, go to #5 under footnotes and click on the Breakdown of M&IE Expenses for breakfast, lunch, dinner and incidentals. Use this chart to enter the daily per diem rate listed above. DO NOT include meals provided by the conference or a third party in the M & IE row of the chart below. **First & last day of travel are calculated at 75% of the total (see chart).**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	*Account Number/or Faculty Prof.	Total
Date									
Meals paid by employee	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		
M & IE Only	\$	\$	\$	\$	\$	\$	\$		\$

Do Not Attach Meal Receipts

Grand Total for M & IE Only:

STEP 2: Complete *Reimbursement Summary* section below.

Reimbursement Summary	To be completed by the Grants Department:				
	Grant Amount	Reimbursement Amt.	Date	Account Number	
Total Grant Amount					
Less Pre-Paid Expenses					
Subtotal					
Less Amount Owed to You					
Balance of Grant					

STEP 3: Print and sign this form.

Date: _____ I certify that this is a true report of my expenses. **Employee Signature:** _____

STEP 4: Organize all of your receipts and make sure they match up with the SSPD Reimbursement Form.

STEP 5: Submit your reimbursement request, receipts and SSPD Report to Lisa Dopke via email at ldopke@grcc.edu.

Date: _____ **Grants Department Approval:** _____ **approves payment of \$** _____ **from Account #** _____

Date: _____ **Financial Services Approval:** _____