

**INCIDENTAL EXPENSES REQUISITION**

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

Event: \_\_\_\_\_ Place: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Reason for going: \_\_\_\_\_

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**Expense Breakdown beginning 2017:**

**Meals:** Breakfast - \$11      Lunch - \$12      Dinner - \$23

**Total Number of Meals:**

\_\_\_\_\_ Breakfast      X \$11 = \_\_\_\_\_

\_\_\_\_\_ Lunch      X \$12 = \_\_\_\_\_

\_\_\_\_\_ Dinner      X \$23 = \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

**Mileage:** \$.54 per mile (includes wear and tear on vehicle as well as gas)

Miles one way: \_\_\_\_\_ Additional stops: \_\_\_\_\_

(Driver: please include trip itinerary with miles traveled)

**Total Number of Miles:** \_\_\_\_\_ X .54 = \_\_\_\_\_ **(TOTAL COST)**

**TOTAL AMOUNT TO BE PAID TO EMPLOYEE:** \_\_\_\_\_

*I affirm that the meals I purchase using these funds will NOT include alcohol.*

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Authorizing Payment:** \_\_\_\_\_ **Date:** \_\_\_\_\_