

PER DIEM AUTHORIZATION AND REIMBURSEMENT FORM

Employee Name: _____ Employee ID: _____

Department: _____ Supervisor Name: _____

Travel Details:

Purpose of Travel: _____

Destination: _____

Departure Date & Time: _____

Return Date & Time: _____

Per Diem Allowance:

Daily Rate (USD): _____ Total Days Authorized: _____

Total Per Diem Amount (USD): _____

Lodging Expenses (if applicable):

Actual Lodging Cost (USD): _____ Receipts Attached: _____

Meal Expenses (if claimed separately):

Breakfast (USD): _____ Lunch (USD): _____ Dinner (USD): _____

Other Expenses (Specify):

Description: _____

Amount (USD): _____

Certification and Acknowledgment:

I certify that the above expenses were incurred by me in the performance of my official duties and are in accordance with company policies and federal regulations governing per diem travel. I understand that falsification of this form may subject me to disciplinary action and/or legal penalties.

Employee Signature: _____

Date: _____

Supervisor Approval:

Supervisor Name: _____

Signature: _____

Date: _____

TERMS AND CONDITIONS

1. Authorization

This form serves as official authorization for travel-related per diem expenses in accordance with company policy and applicable United States federal regulations.

2. Compliance

Employee shall comply with all applicable laws, rules, and regulations, including the Federal Travel Regulation (FTR). All expenses must be reasonable, necessary, and directly related to official business.

3. Receipts and Documentation

Receipts for lodging and other expenses must be submitted along with this form for reimbursement. Missing receipts may result in denial of reimbursement for those expenses.

4. Advances and Reimbursements

Any per diem advances received must be reconciled with actual expenses. Overpayments must be repaid promptly.

5. Fraud and Misrepresentation

Intentional falsification or misrepresentation of expenses is grounds for disciplinary action, including termination, and may subject the employee to civil or criminal penalties.

6. Approval

All per diem reimbursements require prior approval by the designated supervisor or authorized official. Unauthorized expenses may be denied.

7. Changes to Travel Plans

Any changes to authorized travel plans must be communicated promptly to supervisors and may affect allowable per diem.

8. Governing Law

This form and any disputes arising herefrom shall be governed by the laws of the United States and applicable state law.

9. Privacy

Personal information collected on this form will be used solely for processing travel reimbursements and maintained in accordance with applicable privacy laws.

10. Severability

If any provision of this form is found invalid or unenforceable, the remainder shall remain in full force and effect.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

Signature: _____

Signature: _____

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