



**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
<b>Date</b>									
<b>Meals paid by employee</b>	<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		
<b>M &amp; IE Only</b>	\$	\$	\$	\$	\$	\$	\$		\$

**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](mailto:ldopke@grcc.edu).

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

**Date:** \_\_\_\_\_ **Financial Services Approval:** \_\_\_\_\_