## LPC ADMINISTRATIVE SERVICES | Meal Allowance Form

This form is to be used to record and reconcile information for a meal allowance check. Checks must be requested through a Disbursement Request form **prior** to filling this form out. Any additional amount owed to the employee must be requested on a Disbursement Request form or Conference Expense Claim form (depending on the travel). Any unused funds must be returned to Administrative Services by check (payable to Las Positas College).

Check Information				Event Information					
Employee:			Event Name:						
	Check Number:			Event Date:			-		
Check Amount:			Location:						
PER DIEM		REQUESTED		ACTUAL					
Meal	Rate	# Days	# Attendees	<i> </i>	Amount	# Days	# Attendees	Amount	
Breakfast									
Lunch Dinner									
Billici		l .	Total:				Total:		
			Total.		L				
						d to   Employee /   LPC:			
# Print	Name	Signa	ture	#	Print	t Name	Signa	ature	
1				21					
2				22					
3				23					
4				24					
5				25					
6				26					
7				27					
8				28					
9				29					
10				30					
11				31					
12				32					
13				33					
14				34					
15				35					
16				36					
17				37					
18				38					
19				39					
20			_	40					