

# STATE OF WYOMING

## ONE-DAY MEAL REIMBURSEMENT FORM

**Employee Information**

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Payment will be made by Agency (Department or Division)

**IMPORTANT:** In the Reason for Claim Field, give the specific business reason for being away from headquarters. A receipt is required when a meal claimed exceeds \$15.00, including gratuity and tax.

<b>TOTAL REIMBURSEMENT</b>	\$ _____
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Trip 1	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	Select One	
Date									In-State	Out-of-State
			-				-	-		

Reason for Claim: \_\_\_\_\_

Trip 2	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	Select One	
Date									In-State	Out-of-State
			-				-	-		

Reason for Claim: \_\_\_\_\_

Trip 3	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	Select One	
Date									In-State	Out-of-State
			-				-	-		

Reason for Claim: \_\_\_\_\_

Trip 4	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	Select One	
Date									In-State	Out-of-State
			-				-	-		

Reason for Claim: \_\_\_\_\_

Trip 5	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	Select One	
Date									In-State	Out-of-State
			-				-	-		

Reason for Claim: \_\_\_\_\_

**CLAIMANT CERTIFICATION - REQUIRED**

I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:

1. This voucher is for travel on official business of the State, and is true and accurate.
2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.
3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.
4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Claimant Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

**VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED**

This voucher is approved for payment. W.S. 9-3-102(a)(ii) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim[.]"

Agency Head/Designee Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

