MEAL ADVANCE REQUEST (MAR) FORM

Trip Number: __________________ Date Requested: ______________

Employee ID #:_________________ Name: ________________________________

# of Nights of Travel: __________ If meals provided at no cost, enter number of each:

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Current GSA Tier 6 per-diem: _____

Amount requested: $________

☐ I understand that the amount of the approved Meal Advance will be deposited into my primary bank account for direct deposit. I also understand that upon return from my travel that I must complete a Travel Accountability and Recap Report (TARR) within 10 business days after the last day of my travel. Failure to complete the TARR in a timely manner will result in the amount of the Meal Advance being deducted as a payroll deduction from my next available paycheck. Also, I understand that any unused, or unsubstantiated portion of the Meal Advance will be deducted as a payroll deduction from my next available paycheck.

__________________________________
Employee Signature

_________________________________________________________________________________

FORWARD TO THE: Accounting Department for Processing

Approved by: ___________ ____________________________ ____________
Date Accounting Mgr. Amount of Meal Advance