

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:

| | |
|-----------|----------|
| _____ | _____ |
| # | GSA Rate |
| Breakfast | |

| | |
|-------|----------|
| _____ | _____ |
| # | GSA Rate |
| Lunch | |

| | |
|--------|----------|
| _____ | _____ |
| # | GSA Rate |
| Dinner | |

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