



THE RESEARCH FOUNDATION
The State University of New York

TAXABLE MEAL PAYMENTS REQUEST & AUTHORIZATION FORM

| | | |
|------------------------|----------------|-------------|
| SOCIAL SECURITY NUMBER | LAST NAME | FIRST NAME |
| EXPENSE DATE | DEPARTURE DATE | RETURN DATE |
| DESTINATION | | |

| | |
|---------------------------------|----|
| MEAL ALLOWANCE OR REIMBURSEMENT | |
| BREAKFAST | \$ |
| DINNER | \$ |
| TOTAL | \$ |

EMPLOYEE'S SIGNATURE

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE (AP DEPT.)

| | | |
|----------------|-------------|--------------|
| PROJECT | TASK | AWARD |
|----------------|-------------|--------------|

CODED BY: _____ **DATE:** __/__/__ **INPUT BY:** _____ **DATE:** __/__/__

ADMINISTRATIVE INFORMATION

This form is used when claiming a meal allowance payment or reimbursement for *non-overnight* travel. For allowable rates, refer to the Research Foundation's Travel Policy and Addendum.

Payment will be made through the Payroll system by adding the non- recurring element Meal Non-Overnight and inputting the dollar amount in the appropriate field.