



**Travel Meals & Incidentals Details (G-28)**

LIST MEALS & INCIDENTALS DURING TRAVEL HERE. **SUBMISSION OF RECEIPTS IS REQUIRED.**

| Notes | Date | T&E Card | Personal Funds |
|-------|------|----------|----------------|
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |
|       |      | \$       | \$             |

Carry over to Page 1 **Estimated Total M&I**

| Date | Mode of Ground Transportation | From | To | T&E Card | Personal Funds |
|------|-------------------------------|------|----|----------|----------------|
|      |                               |      |    | \$       | \$             |
|      |                               |      |    | \$       | \$             |
|      |                               |      |    | \$       | \$             |
|      |                               |      |    | \$       | \$             |
|      |                               |      |    | \$       | \$             |
|      |                               |      |    | \$       | \$             |
|      |                               |      |    | \$       | \$             |
|      |                               |      |    | \$       | \$             |

Carry over to Page 1 **Estimated Total Ground Transp**

**Business Entertainment Reimbursement Details (BUS-79)**

**FOR: MEALS THAT WAS PURCHASED FOR MEETINGS - NEED ATTENDEES, TITLE, AFFILIATION, JUSTIFICATION: [WHAT WAS DISCUSSED]**

BUSINESS PURPOSE / JUSTIFICATION: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

TYPE OF EXPENSE / BUSINESS MEAL: \* \_\_\_\_\_

**MAXIMUM AMOUNTS ALLOWED PER PERSON: BREAKFAST: \$27 - LUNCH: \$47 - DINNER: \$81 - LIGHT REFRESHMENTS: \$19**

**ATTENDEES:** (Please attach list if needed)

| Name | Title | Affiliation |
|------|-------|-------------|
|      |       |             |
|      |       |             |
|      |       |             |
|      |       |             |
|      |       |             |

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| Business Entertainment Description | Date | T&E Card | Personal Funds |
|------------------------------------|------|----------|----------------|
|                                    |      | \$       | \$             |
|                                    |      | \$       | \$             |
|                                    |      | \$       | \$             |

Transfer these totals to Page 1 **Estimated Total Entertainment**

Comments/Notes: \_\_\_\_\_