

HOWARD COUNTY JUNIOR COLLEGE DISTRICT

REQUEST FOR PARTIAL PER-DIEM

Employee Handbook Travel Policy 4.2 F-7

DATE SUBMITTED: _____

REQUESTED BY: _____

DATE OF MEAL: _____

LOCATION OF MEAL: _____

AMOUNT REQUESTED: _____

ACCOUNT NUMBER: _____

NOTE – Itemized receipts are required. Credit card receipts are not sufficient and will not be accepted

Individuals Present	Relationship To The College (Employee, Vendor, Student, etc.)

Purpose of Meeting: _____

I certify the above statements to be true and correct

Signature of Employee

Date

Supervisor	Cabinet Member
Initials _____ Date _____	Initials _____ Date _____
Grant Administrator (If Applicable)	President
Initials _____ Date _____	Initials _____ Date _____