

HOWARD COUNTY JUNIOR COLLEGE DISTRICT

*REQUEST FOR PARTIAL PER-DIEM
Employee Handbook Travel Policy 4.2 F-5*

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