



Greenfield Union School District
MEALS ALLOWANCE
(Please attach this Meals Allowance form to the Request to Attend Conference Form 403)

Applicant's Name: _____ Today's Date: _____

Conference Name: _____

Conference Date(s): _____

Conference Location *(OUT OF STATE Conference requires Board Approval-Form 404)*: _____

Meals allowance shall be on a per diem basis to the following maximum daily rates.
Breakfast \$15.00; Lunch \$20.00; Dinner \$25.00; TOTAL \$60.00

- Please pay for your meals individually as meal reimbursements are on a per diem basis limited to the maximum daily rates.
- Reimbursement are not allowed for meals included in conference registration fees.
- Meals are reimbursed only for travel outside of Monterey County.

CONFERENCE DATE(S)	BREAKFAST (Max Daily Rate \$15)	LUNCH (Max Daily Rate \$20)	DINNER (Max Daily Rate \$25)	TOTAL MEAL ALLOWANCE
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
GRAND TOTAL MEAL ALLOWANCE				\$

EXAMPLE

CONFERENCE DATE(S)	BREAKFAST (Max Daily Rate \$15)	LUNCH (Max Daily Rate \$20)	DINNER (Max Daily Rate \$25)	TOTAL MEAL ALLOWANCE
January 1, 2019	\$ 15.00	\$ 20.00	\$ 25.00	\$ 60.00
January 2, 2019	\$ 15.00	\$ - 0 -	\$ 25.00	\$ 40.00
GRAND TOTAL MEAL ALLOWANCE				\$ 100.00