

MASON COUNTY - SINGLE DAY MEAL REIMBURSEMENT

I understand that a meal reimbursement request made for single day meals is a taxable benefit. This reimbursement will be processed by the payroll department with my next paycheck, reported on my W-2 & have all appropriate taxes deducted.

Emp #: _____ Employee Name: _____

Account (Fund # & BARS): _____

Department: _____

COUNTY OF TRAVEL						
DATE OF TRAVEL						
MEAL REIMBURSE	Breakfast	\$	\$	\$	\$	\$
	Lunch	\$	\$	\$	\$	\$
	Dinner	\$	\$	\$	\$	\$
TOTALS						

DETAILED FOOD RECEIPT MUST BE ATTACHED TO THIS VOUCHER

The maximum tip allowance is 15%

TOTAL APPROVED AMOUNT \$

REQUIRED: PLEASE ATTACH INFORMATION SHOWING CONF/MEETING DATES AND LOCATION:

State of Washington } SS
County of Mason }

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I hereby certify that I will refund to the County any payments or reimbursements received by me for the above stated expenses.

My signature below indicates that I understand I am requesting a taxable benefit. This taxable benefit will be processed through payroll with all appropriate deductions and be added to my W-2 taxable wages.

Employee Signature _____ Date _____

Department _____

Approved By: _____

Title _____ Date _____

Is out of state travel approved? _____

If required: _____

Elected Official, Dept Head or Commissioner

Auditor's Financial Service certification:	
I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against Mason County, and that I am authorized to certify to said claim.	
by: _____	date: _____

Employee, please **keep a copy** of this form for your records. Submit the **ORIGINAL** to your supervisor/department head to be forwarded to the Auditor's Financial Services Payroll Department. Thank you.