

POST Region Grant Program - Travel Meal Reimbursement Form - Overnight Travel

Region:		Date:	
Officer/Instructor Name:		PID #:	

Date	City Location/City Destination		Time Depart	Time Return	Per Diem			Total	Name of Training
	From	To			Breakfast	Lunch	Dinner		
							TOTAL		

I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein have not and will not be reimbursed to me from any other sources; that my travel performed consists entirely of travel performed by me on official business and not for personal purposes.

Officer/Instructor Signature:	
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(Officer/Instructor Signature not required)

Overnight Travel

- * Departure from home
1. Before 5 am - breakfast, lunch and dinner
 2. Before 11 am - lunch, dinner
 3. Before 4 pm - dinner

- * Arrive at home
1. After 9 am - breakfast
 2. After 1 pm - breakfast, lunch
 3. After 8 pm - breakfast, lunch and dinner