

POST Region Grant Program - Travel Meal Reimbursement Form - No Overnight Stay

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

Date	City Location/City Destination		Time Depart	Time Return	Per Diem		Total	Name of Training
	From	To			Breakfast	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. I also certify that I departed prior to 5:00 am and/or returned after 8:00 pm.

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

Travel Within a Single Day

- * Lunch is not reimbursed.
- * Breakfast and dinner may be allowed if the student departure from home is before 5 am and return is after 8 pm.