MEAL EXPENSE EXCEPTION REQUEST

Fulton County, Illinois

This form is to be submitted with the Fulton County Expense Voucher if the meal costs for employee/official travel was over the maximum per diem rate as set by the Personnel Policy. All exception amounts must be approved by the Finance Committee regardless of the fund paying the expense.

Travelers Name:		
Department:		
Dates of Travel:	From: To: Dest	ination:
Exception		
Calculation:	Maximum Per Diem:	Cost of Meals:
	Excess cost:	Exception amount:

Justification for Exception:

	Provide Explanation:
□ No Alternative	
acknowledge that an	my meal expenses that are in excess of the amount as set by the Fulton County Policy and nounts disallowed (plus applicable taxes) by the Finance Committee will be refunded to the County tification if this was a travel advance.
within 50 days of no	
Travelers Signature:	Date:
Exception Approx	wed Amount: Fund:
Exception Denie	d
Finance Committee:	