

MEAL REIMBURSEMENT REQUEST

Employee Last Name Employee First Name

SAP ID number Wage Type **088A**

Reimbursement request amount

SAP cost center number to charge expense

Date of overtime or travel

Justification: (select one)

- Unscheduled Overtime without 2 hour notice prior to commencement of shift \$8.00 (OPEIU/SEIU/SPFPA/POA)
 - OPEIU and SEIU must work at least 2 hours of Overtime
 - SPFPA and POA must work at least 3 hours of Overtime).
- Unscheduled Overtime without 2 hour notice prior to commencement of shift \$15.00 (AFSCME)
 - AFSCME must work at least 2 hours of Overtime
- 15 miles from worksite during scheduled lunch break (\$3.50) (AFSCME, OPEIU)
Destination
- Student teacher supervisors who are 15 miles from worksite during normal lunch period (\$10.00) (APSCUF)
Destination
- Attended Out-service training where lunch is not provided (up to \$10.00; **Must provide itemized receipt**) (OPEIU)
- A minimum of 2 hours work beyond the professional employee's scheduled work day, excluding a meal period; **and** the assignment would not permit the professional employee to return to their home prior to 7 p.m.; **and** the assignment must be outside a 10 mile radius from his/her residence. (Reimbursement amount will be 58% of the allowable subsistence expense provided for in the Employer's Travel Expense Regulations for the city in question.) **Must provide itemized receipt.** (SCUPA)
Destination

I certify this reimbursement request is in accordance with established System policy and applicable collective bargaining agreements. I understand this reimbursement is taxable income per IRS regulations and will be reported on my form W-2.

Employee Signature _____ Date _____

Supervisor Name _____

Supervisor Signature _____ Date _____

Submit to: payroll-services@iup.edu

Payment will be issued by Payroll Services and included in the employee's paycheck/direct deposit with the next available pay cycle.