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.