

St. Clair County Community Mental Health
Overnight Per Diem Worksheet

Report for the month of _____ 20____.

Dates of overnight CMH business: _____, _____,
_____, _____, _____, _____.

Total number of nights away from home on CMH business = _____

Per Diem per night x \$ 15.00

TOTAL PER DIEM REIMBURSABLE = \$ _____

Complete this section if you elect to offset IRS taxable income if amount for meals exceeds Agency meal reimbursement limits. This amount cannot exceed Total Per Diem Reimbursable; and, will be paid on Travel/Expense Voucher.

Amount for meals in excess of Agency limits: \$(_____)

Subtract this amount from Total Per Diem Reimbursable to determine balance to be paid on the payroll check.

BALANCE TO BE PAID ON PAYROLL CHECK \$ _____

Employee Signature Date

Supervisor Signature Date

THIS SECTION TO BE COMPLETED BY ADMINISTRATION

Calculations checked:

Payroll Clerk Signature Date

PLEASE SUBMIT THIS FORM TO PAYROLL CLERK AT ADMINISTRATION.