



The rising STAR of Texas

Non-Overnight Travel Meals Allowance Form

Instructions: This form authorizes an allowance to an employee for non-overnight travel meals while conducting official University business outside designated headquarters. This allowance is intended to assist with the cost for meals, and not necessarily to cover the total costs. For questions contact the **Travel Office @ 512-245-2775, or via email at travel@txstate.edu.**

1. Enter the employee's name as it appears in the payroll system.
2. Enter the Texas State PLID number assigned to the employee.
3. Enter the start date (effective date) of the allowance. If the allowance is for a limited time, enter the final or end date of the allowance. This is typically the last day of the pay period or the date of termination. If this will be an on-going allowance, enter 12/31/9999.
4. Enter the name of the employee's department.
5. Provide a statement documenting the business purpose for the required non-overnight travel.
6. Enter the estimated number of days per month the employee is anticipated to be in travel status on non-overnight trip.
7. Enter the approved rate for the per diem allowance. The approved rate cannot exceed the allowable standard meal per diem rate set by U.S. General Services Administration for the continental United States for the meals covered.
8. Calculate the total monthly allowance by multiplying the estimated number of travel days by the approved rate.
9. Complete a PCR Form for special payment and obtain the appropriate signatures.
10. Distribute the two forms in the following format:
 - Original Non-Overnight Travel Meals Allowance Form to appropriate department head; and
 - PCR and Copy of Non-Overnight Travel Meals Allowance Forms to:
 - Human Resources Office for staff, hourly employees and graduate students in divisions other than the VPAA Division, or
 - Faculty Records Office for faculty and graduate students in the VPAA Division.

1. **Employee** _____

2. **Texas State PLID** _____

3a. **Start Date** _____

3b. **End Date** _____

4. **Department** _____

5. **Business Purpose** _____

6. Estimated Number of Days Per Month		7. Approved Rate	
8. TOTAL (Total number of days X Approved Rate)			

Traveler's Responsibilities

I have read the Meal Allowance for Non-Overnight Travel Policy, and understand:

- That these allowances are considered taxable compensation subject to required tax withholdings:
- These allowances are NOT part of my base salary: and
- These allowances will be included in my annual W-2 Form, box 1 Wages.

9. Approvals	Signature	Printed Name	Date
Requesting Traveler			
Account Manager			
Dean/Director			
Division Cabinet Officer			