



## Overtime Meal Reimbursement

Print Employee Name: \_\_\_\_\_ Empl ID#: \_\_\_\_\_

### Policy

(AFSCME) Employees who work three (3) or more hours of authorized overtime, exclusive of meal times, in addition to their regular hours of employment or employees who work three (3) or more hours, exclusive of meal times on a day other than their regular work day shall be reimbursed for expenses incurred for authorized meals, including tips, not to exceed the following amounts and in accordance with the following time periods:

<b>Breakfast</b>	<b>\$16.00</b>	<b>3:00 a.m. to 8:59 a.m.</b>
<b>Lunch</b>	<b>\$19.00</b>	<b>9:00 a.m. to 2:59 p.m.</b>
<b>Dinner</b>	<b>\$28.00</b>	<b>3:00 p.m. to 8:59 p.m.</b>
<b>Midnight Snack</b>	<b>\$ 8.00</b>	<b>9:00 p.m. to 2:59 a.m.</b>

### Directions

- Indicate the meal(s), date, the overtime period start and end times, and amount to be reimbursed below.
- Attach the original receipt(s) to this form with the total amount to be reimbursed circled.
- Contact Payroll if you have any questions about using this form.

B (Breakfast) L (Lunch) D (Dinner) M (Midnight)	Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
<i>Example: D</i>	<i>Example: 3/1/25</i>							<i>Example: 4:00PM- 8:00PM</i>	<i>Example: \$22.50</i>
Total Reimbursement									\$

Employee Certification:

**I certify the information above is accurate and complete. Receipts are attached.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled in by supervisor:

Approval: **I certify the above information is accurate and approve reimbursement.**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original to Payroll - Make copy for your records**