



PER DIEM EXPENSE

**BUILDING
BETTER
COMPANIES**

Name		Employee ID	
Email		Department	
Purpose		Approved by	
Expenses	Dates	Details	Amount
Lodging		Location	\$
		Location	\$
		Location	\$
		Location	\$
		Location	\$
		Location	\$
		Location	\$
Meals		(Not to exceed \$46/day unless otherwise directed)	\$
		(Not to exceed \$46/day unless otherwise directed)	\$
		(Not to exceed \$46/day unless otherwise directed)	\$
		(Not to exceed \$46/day unless otherwise directed)	\$
		(Not to exceed \$46/day unless otherwise directed)	\$
		(Not to exceed \$46/day unless otherwise directed)	\$
		(Not to exceed \$46/day unless otherwise directed)	\$
Transportation		Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>	\$
		Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>	\$
		Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>	\$
		Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>	\$
		Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>	\$
		Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>	\$
		Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>	\$
Transportation by Own Vehicle		Mileage	\$
Other / Incidentals		Purpose	\$
		Purpose	\$
		Purpose	\$
		Purpose	\$
		Purpose	\$
		Purpose	\$
		Purpose	\$
Subtotal			\$
Less amount paid			\$()
Total amount owed to employee			\$
Employee's Signature			Date:
Clients Signature			Date:

Please sign the Per Diem Expense form and fax your authorized Per Diem Expense form to (866) 366-5061 or scan and email to timesheet@deltatechnical.net