



### Meal Allowance During Overtime Claim

University Hall 365  
Phone: (818) 677-3472  
Fax: (818) 677-4581  
Mail code: 8202

**EMPLOYEE INFORMATION:**

Employee's Name: \_\_\_\_\_ CSUN ID: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Department Name: \_\_\_\_\_ Ext: \_\_\_\_\_ Mail Code: \_\_\_\_\_

**Original itemized receipts must be attached for reimbursement.**

Date: \_\_\_\_\_ Breakfast: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Dinner: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Breakfast: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Dinner: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Breakfast: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Dinner: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Breakfast: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Dinner: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
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Date: \_\_\_\_\_ Breakfast: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Dinner: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Breakfast: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Dinner: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

*I certify that the information on this form is a true statement of the actual meal expenses paid while working overtime. I understand the total reimbursement will be reported on a W-2 Form (Wage and Tax Statement).*

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

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

Print Name: \_\_\_\_\_ Ext: \_\_\_\_\_

**REQUIRED CHARTFIELDS:**

Requisition No: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_ FUND: \_\_\_\_\_ DEPTID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Financial Approver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Ext: \_\_\_\_\_