



DINWIDDIE COUNTY
ACCOUNTING FOR DAY MEALS

This form is required for all meal and food purchases that do not involve an overnight stay or are not specifically exempted by policy. Please complete the following information and attach the itemized receipt. If there is no itemized receipt, the total of the meal will be divided equally between all of the consumers of the meal. If there is no receipt, the entire meal will be taxable to the purchaser.

Purchaser: _____ Date of Purchase: _____

Amount: _____

Source of Payment: Reimbursement requested PCard

Meal purchased for: Employee only Group If group, number of people _____
(If purchased for a group, please provide a list of all employees who received the meal including the purchaser, if applicable. Page two of this form may be completed or a separate list may be provided.)

Purpose for the meal (please be specific):

If claiming an exclusion from taxability, please check the appropriate box and attach the required documentation.

- 1. This is an infrequent/occasional/non-routine event (such as a holiday lunch).
- 2. An unusual or emergency situation required the employee(s) to work overtime.
- 3. The meal occurred on County premises and was directly related to County business.*
- 4. The meal was associated with the active conduct of County business.*

* If item 3 or item 4 applies, please attach a meeting agenda or other documentation that describes the business conducted during the meal, the location of the meeting, and a list of attendees (page two may be used). Also include a statement in the purpose as to why the business was conducted during the meal.

Purchaser's signature

Date

Approver's signature

Date

Accounts Payable Use Only

Taxable

Non Taxable

Date to Payroll _____



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Page 2 – Group Meals

Purchaser: _____

Date of Purchase: _____

Amount: _____

	Name	Amount		Name	Amount
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			32		