

**DEPARTMENT OF AGRICULTURE AND INDUSTRIES  
MISSING MEAL RECEIPT FORM**

Restaurant \_\_\_\_\_  
City, St. \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_

TAPE PARTIAL RECEIPT BELOW

Meal (Bfast-Lunch-Dinner): \_\_\_\_\_

Brief Description of Purchase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost \$ \_\_\_\_\_

Tax \_\_\_\_% \$ \_\_\_\_\_

Tip (max 20%) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**(if exceeds cap; claim cap only \$ \_\_\_\_\_)**

Initial All 3 Lines Below:

\_\_\_\_\_ NO ALCOHOL reimbursement requested.  
\_\_\_\_\_ Items reimbursed for approved traveler only  
(not shared with any others.)  
\_\_\_\_\_ Requesting actual expenses incurred.

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**EMPLOYEE SIGNATURE**

I certify that information furnished in this statement are true, complete and correct. I also understand that intentional misstatements or falsification may result in disciplinary action.

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**SUPERVISOR SIGNATURE**