

St. Clair County Community Mental Health Authority  
**Overnight Per Diem Worksheet**

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Report for the month of \_\_\_\_\_ 20\_\_\_\_.

Dates of overnight CMH business: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Total number of nights away from home on CMH business = \_\_\_\_\_

Per Diem per night x \$ 15.00

**TOTAL PER DIEM REIMBURSABLE** = \$

Complete this section if you elect to offset IRS taxable income if amount for meals exceeds Agency meal reimbursement limits. This amount cannot exceed Total Per Diem Reimbursable; and, will be paid on Travel/Expense Voucher.

Amount for meals in excess of Agency limits: \$( \_\_\_\_\_ )

Subtract this amount from Total Per Diem Reimbursable to determine balance to be paid on the payroll check.

**BALANCE TO BE PAID ON PAYROLL CHECK** \$

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

**THIS SECTION TO BE COMPLETED BY ADMINISTRATION**

Calculations checked:

\_\_\_\_\_  
Payroll Clerk Signature Date

**PLEASE SUBMIT THIS FORM TO PAYROLL CLERK AT ADMINISTRATION.**