

## **Carlson Building Maintenance**

## **PerDiem Form**

06-07-2024

- This form is to be submitted by District Managers only.
- Forms submitted by anyone else will not be processed.
- Fill out all applicable fields highlighted in yellow. Incomplete forms will be returned and reimbursement will be delayed.
- Submit one form per employee. Forms with multiple employees will be returned and reimbursement will be delayed.
- Requests for Per Diem/Mileage will be processed once per week by the Finance Department
- Requests must be submitted by Tuesday at 12:00 PM for the previous calendar week
- Requests received after 12 PM Tuesday will be processed the following week.
- Special notes are required for irregular circumstances

| Employee Information |                       |  |  |  |
|----------------------|-----------------------|--|--|--|
| Employee name:       | Analies Shinguango    |  |  |  |
| Employee number:     | 14910                 |  |  |  |
| District manager:    | Pedro Amaro           |  |  |  |
| Job Site             |                       |  |  |  |
| Store location:      | 560 T0620 Onalaska WI |  |  |  |
| City:                | Onalaska              |  |  |  |
| State:               | WI                    |  |  |  |
| Hotel Info           |                       |  |  |  |
| First night needed   | 05-24-2024            |  |  |  |
| Last night needed:   | Onalaska              |  |  |  |

| Per Diem   |               |                       | For office use only. |    |     |
|------------|---------------|-----------------------|----------------------|----|-----|
| Arrival    | Date          | Departure Date        |                      |    |     |
| 05-24-2024 |               | 06-04-2024            |                      |    |     |
| Mileage    |               | For office use only   |                      |    |     |
| Date       | Departed from | Destination/Store     | RT/OW                | MI | Amt |
| 2024-05-24 | Home          | 560 T0620 Onalaska WI | OW                   | Ĵ  |     |
| Notes      |               |                       |                      |    |     |
|            |               |                       |                      |    |     |

| For office use only |  |  |  |
|---------------------|--|--|--|
| Grand total amount  |  |  |  |