



# Carlson Building Maintenance

## PerDiem Form

04-30-2025

- 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:       | Jose Martinez           |
| Employee number:     | 14939                   |
| District manager:    | Jose Martinez           |
| Job Site             |                         |
| Store location:      | 208 Meijer Marquette MI |
| City:                | Marquette               |
| State:               | MI                      |
| Hotel Info           |                         |
| First night needed   | 04-27-2025              |
| Last night needed:   | Marquette               |

| Per Diem                |               |                         |       | For office use only. |     |
|-------------------------|---------------|-------------------------|-------|----------------------|-----|
| Arrival Date            |               | Departure Date          |       |                      |     |
| 04-27-2025              |               | 04-29-2025              |       |                      |     |
| Mileage                 |               |                         |       | For office use only  |     |
| Date                    | Departed from | Destination/Store       | RT/OW | MI                   | Amt |
| 2025-04-27              | Home          | 208 Meijer Marquette MI | RT    |                      |     |
| Notes                   |               |                         |       |                      |     |
| Only Food Reimbursement |               |                         |       |                      |     |

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