SEAL AVIATION **PER DIEM** REPORT

EMPLOYEE NAME:

DATE OF REPORT:

PER DIEM CALCULATOR

DATE OF TRAVEL ONE DAY PER LINE	WORK ORDER	RATE	CASH ADVANCE	TOTAL OWED
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
	PER DIEM TOTALS	$	$	$

ADMIN USE ONLY

CHECK/WIRE#	DATE	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

SUMMARY	
PER DIEM	
MILEAGE	
ADVANCE	
TOTAL OWED	

ADMIN SIGNATURE

MILEAGE CALCULATOR

DATE OF TRAVEL	WORK ORDER	RATE	MILES DRIVEN	TOTAL OWED
		$		$

EMPLOYEE SIGNATURE	DATE	TOTAL OWED TO EMPLOYLEE
		$

APPROVED BY	DATE

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IT IS THE RESPONSIBILITY OF THE EMPLOYEE/CONTRACTOR TO RETAIN A COPY OF THIS REPORT TO ENSURE PAYMENT