

# Continuation: Meal Expenses Away from Home

TAX YEAR  

2	0	1	
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Name \_\_\_\_\_ Social Security No: \_\_\_\_\_

Occupation in which expense occurred \_\_\_\_\_

## Travel Dates and Locations

City	Foreign Country or US County	Dates	Total Days (A)	Daily Federal Meal Rates (B)	Total Allowable Meal Expenses (A) X (B)
1		to =			
2		to =			
3		to =			
4		to =			
5		to =			
6		to =			
7		to =			
8		to =			
9		to =			
10		to =			
11		to =			
12		to =			
13		to =			
14		to =			
15		to =			
16		to =			
17		to =			
18		to =			
19		to =			
20		to =			
21		to =			
22		to =			
23		to =			
24		to =			
25		to =			
26		to =			
27		to =			
28		to =			
29		to =			
30		to =			
31		to =			
		<b>Total Days Out-of-Town</b>		<b>Sub Total</b>	