

Certification for Compensation (Meals)

I certify that, on the date(s) and during the hours indicated below, I was required to work overtime for which I am now claiming compensation in accordance with

_____ of the Agreement for BU No. _____ (indicate BU code),
(Section/Article)

or DHRD's Rules and Regulations _____ (check here, if applicable).

<u>Type of Payment</u>	<u>Date/Time Worked</u>	<u>Amount</u>
Breakfast	_____	\$ _____
Lunch	_____	\$ _____
Dinner	_____	\$ _____

M \$ _____

Print/Type Name	Social Security No.	Account Code
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Claimant's Signature	Date
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Authorized Departmental Signature	/ / Date
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Fiscal Officer Signature	/ / Date
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