

MEAL MONEY REQUEST FORM

Please fill out completely for check to be issued - Attach Roster

Form due to District AD two (2) weeks prior to date of activity

School: _____ Team: _____ Coach/Sponsor: _____

Activity: _____ Activity Date: _____

Anticipated Departure Time to event: _____ Anticipated Return Arrival Time: _____

Site AD Approval: _____ District AD Approval: _____

Students		Coaches	
Breakfast	\$4 x _____ = \$ _____	Breakfast	\$4 x _____ = \$ _____
Lunch	\$5 x _____ = \$ _____	Lunch	\$5 x _____ = \$ _____
Dinner	\$6 x _____ = \$ _____	Dinner	\$6 x _____ = \$ _____
Total \$ for Students = \$ _____		Total \$ for Coaches = \$ _____	

Total Dollars requested \$ _____ Purchase Order # _____ Check # _____

Students: Signing below indicates receipt of Meal Money for a School-Related Activity

Signature	Amount	Signature	Amount	Signature	Amount
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

Total spent: _____
 Amount of check: _____
 Difference returned: _____ (Copy of bookstore receipt attached)