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					Coach/Sponsors				
Meal	$ Per Meal	Number of Students	Number of Days	Total	Meal	$ Per Meal	Number of Adults	Number of Days	Total
Breakfast	$4			0	Breakfast	$4			0
Lunch	$5			0	Lunch	$5			0
Dinner	$6			0	Dinner	$6			0
Total				0	Total				0

Total Dollars requested $ 0.00 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)