

**Dupree School District 64-2**  
**Student Meal Allowance Request**

Person Requesting \_\_\_\_\_ Date of Event \_\_\_\_\_

Event \_\_\_\_\_ Place of Event \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

<u>Quantity</u>	<u>Student/Adult</u>	<u>Amount</u>
_____ Breakfast	\$6.00	\$ _____
_____ Lunch	\$12.00	\$ _____
_____ Dinner	\$15.00	\$ _____

Total Amount Requested \$ \_\_\_\_\_

Total Number of Students & Adults \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal or AD Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Adults

Students

Names: