

Pasco School District #1

SNACK/MEAL REPORT FORM

Function _____ Date _____

Contact Person _____ Location _____

Contact Phone _____ Estimated Count _____

Cost _____ Local PO# _____ Actual Count* _____ (Attach sign in sheet)

Menu _____

Vendor _____ District Budget (Responsibility/Program _____)

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As the person charged with budgetary responsibility, I certify that the following condition(s) * exist in relation to this request (check at least one):

- ☐ Meeting is one-half day or more in duration (generally interpreted to be 3.5 hours or more of meeting time).
- ☐ Meeting is held outside normal hours.
- ☐ Participants are largely district volunteers or outside persons whose activities benefit the district.
- ☐ Meeting/Training refreshments (of less than 3 ½ hours).

Expenditures for snacks/meals are expected to be reasonable and appropriate for the circumstances.

Approval:

* In accordance with district policy, meals and snacks are appropriately charged to a district budget only when the district is deriving benefit. In all cases, the benefits of such funded refreshments must accrue to the district rather than the individuals or organizations which might be involved.