



STUDENT MEAL EXPENSES

DATE: _____

TEACHER/COACH: _____

STUDENT GROUP: _____

RESTAURANT: _____

ADDRESS: _____

CITY: _____

RECEIPT AMOUNT: _____

_____ # OF STUDENTS @ \$10.00 PER STUDENT

OVERAGE AMOUNT PAID FROM WHICH ACCOUNT: _____

TEACHER/COACH SIGNATURE

PRINCIPAL/AD SIGNATURE

****Restaurant invoice/receipt must be attached to this form along with the names of the students/rosters who actually ate a meal.****