



MEAL CHECK AGREEMENT FORM

I, _____, hereby acknowledge that I have received meal check # _____, in the amount of \$ _____.

By acknowledging receipt of this check, I am agreeing that I have 5 days from the event to complete and turn in the following:

- 1. Cash Advance Reconciliation**
- 2. Meal Check Affidavit**
- 3. Itemized receipts of purchases**
- 4. Any unused Money**

******My signature below, gives Los Lunas School District permission to pull any unaccounted funds from my payroll check.******

Employee Signature

Date