

Dupree School District 64-2
Student Meal Allowance Request

(Meal Allowance will be provided for students that will be away 10 hours or longer)

Person Requesting _____ Date of Event _____

Event _____ Place of Event _____

Departure Date _____ Departure Time _____

Return Date _____ Estimated Return Time _____

<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: