MEAL REIMBURSEMENT REPORT

MEAL MONIES CUSTODIAN _____ DATE _____

LOCATION_____

SUMMARY OF EXPENDITURES

PO #	PAYEE	DATE	AMOUNT
TOTAL			$

RECONCILIATION:

Total amount of Fund	$
Expenditures Above	$
Cash on Hand	$
Total of Fund	$

I certify that the above detailed information is correct to the best of my knowledge and belief.

Preparer's Signature_____ Date_____

Approved_____ Date Approved_____

ACCOUNTING DISTRIBUTION AMOUNT

Approved By:_____
Math Check By:_____
G/L Coding:_____
Date Paid:_____
Check #:_____
Check Amount:

TOTAL $

SUMMARY OF EXPENDITURES

PO #	PAYEE	DATE	AMOUNT