

## 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	\$
-------	----

