

Check Payable To:

Name _____
 Street _____
 City _____
 State _____ Zip Code _____



Supervisory Chapter 1

Southern California School Nutrition Association

Expense Report

Purpose of Expense:

(Meeting, Conference, Legislation, Supplies, etc..)

Signature of Requestor: _____

Date _____

Expenses Incurred (itemize)						TOTAL
						\$
						\$
						\$
Travel Expenses	Date:	Date:	Date:	Date:	Date:	
Auto Miles @ Current IRs (Rate .505¢ x No.of miles)						\$
Parking and Tolls						\$
Taxi, Shuttle Services						\$
Baggage and Tips						\$
Air Travel						\$
Hotel						\$
Breakfast	B _____	B _____	B _____	B _____	B _____	\$
Lunch	L _____	L _____	L _____	L _____	L _____	\$
Dinner	D _____	D _____	D _____	D _____	D _____	\$
TOTALS	\$	\$	\$	\$	\$	\$

Approved by President or President Elect _____ Date _____

Approved by Committee Chair _____ Date _____

INSTRUCTIONS:
 Submit this completed form to the Treasurer along with receipts.

NOTE:
 No reimbursement without receipt.

Total Expenses \$ _____
Less Advance \$ _____
Net Amount Due \$ _____

Treasurer's Use Only
Charge to Budget Item _____
Paid by Check # _____ **Date** _____