

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	\$
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