

IN-STATE CUSD MEAL ALLOWANCE INVOICE FOR ATHLETICS

(OUTSIDE OF THE PHOENIX & TUCSCON METROPOLITAN AREA OR ALL DAY TOURNAMENT)

SCHOOL _____

REQ/PO # _____

*Must be completed a **minimum of 14 days prior** to athletic contest.
Checks will be available Thursday if the Invoice is received by Monday the same week.*

Date Submitted _____

Date(s) of Event _____

Athletic Sport or Other Event _____

Destination/Event _____

Coach _____

Account Code _____ .620.2190.6891. _____ . _____ . _____
(fund) (unit) (course) (budget ctrl)

Number of students _____ Number of adults _____

BREAKFAST \$7.00 X _____ = _____ X _____ = \$ _____

LUNCH \$10.00 X _____ = _____ X _____ = \$ _____

DINNER \$13.00 X _____ = _____ X _____ = \$ _____

Cost per meal # of people Subtotal # of Meals TOTAL \$ _____

List of Students

ID #	NAME	Grade		ID #	NAME	Grade

List of Adults

NAME	NAME	NAME

Submission of Meal Allowance Invoice is not a guarantee of meal allocation.

Signature of site athletic director Date

Signature of student officer (if applicable) Date

Signature of site principal Date

Signature of club sponsor (if applicable) Date