OUT OF STATE CUSD MEAL ALLOWANCE INVOICE FOR ATHLETICS

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 _____

Athetic Sport or Other Event _____ Destination/Event _____

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

Number of students _____ Number of adults _____

BREAKFAST $10.00 X _____ = _____ X _____ = $_____

LUNCH $13.00 X _____ = _____ X _____ = $_____

DINNER $17.00 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 form is not a guarantee of meal allocation.

Signature of site athletic director Date

Signature of student officer Date

Signature of site principal Date

Signature of teacher/club sponsor Date