IN-STATE CUSD MEAL ALLOWANCE INVOICE FOR NON-ATHLETICS

SCHOOL _____ **REQ/PO #** _____

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

Date Submitted _____ Date(s) of Event _____

Other Event _____ Destination of Event _____

Teacher _____ Account Code __ __ __ .610.2190.6891. __ __ __ . __ __ __ __. __ __ __
(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 principal Date

Signature of teacher or club sponsor Date

Signature of student officer (if applicable) Date
(reminder: attach minutes when using student activity money)