

Maryland School Nutrition Association Expense Voucher

for treasurer's use only

Name _____	Check Number _____	Date Paid _____	Committee Budget _____
Phone _____	Address _____		
Email _____	Chapter/Committee _____		

Travel Expenses Please include complete street addresses, including zip code. Mileage will be verified using MapQuest.

Date	Starting Address	Destination Address	Miles Traveled	2019-20	Hotel	Breakfast	Lunch	Dinner	Other Expenses (please explain here and put \$ in next box)	Other Expenses
				\$0.58						
				\$0.58						
Total Travel Expenses										

Committee Expenses		
Date	Explanation	Total
Total Committee Expenses		

Summary of Expenses	
Committee Expenses	
Mileage	
Hotels	
Meals	
Other Expenses	
Total from additional page(s)	
Total Expenses	

Total Allowable Expenses	
Minus Advanced Funds	
Total Reimbursement	

Signature of Person Submitting Voucher _____	date _____
Signature of Treasurer _____	date _____

**For 2019-2020, submit completed voucher with receipts to:
Kathy Kim, MdSNA Treasurer, 18921 Ferry Landing Circle, Germantown, MD 20874**