## **Maryland School Nutrition Association Expense Voucher**

MdSNA E	xpense Reimbursement Request	Form	for treasure	treasurer's use only						
Name			Check Number	er	Date Paid		Committee Budget			
Phone		Address	i							-
Email		Chapter/Committee	1							-
Travel Expenses Please include starting and ending complete street addresses, including zip code.										
Date	Starting Address	Destination Address	Miles Traveled	2025	Hotel	Breakfast	Lunch	Dinner	Other Expenses (please explain here and put \$ in next box)	Other Expenses
				\$0.700						
		Total Travel Expenses								
Committee Expenses							Sumn	nary of	Expenses	

Date Explanation Total  Total Committee Expenses	Committee Expenses						
Total Committee Expenses	Date	Explanation	Total				
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	Summary of Expe	enses	
Committee Expenses	Total Allowab	le Expenses	
Mileage	Minus Advanc	ed Funds	
Hotels	Total Reimbu	rsement	
Meals			·
Other Expenses			
Total from additional	Signature of Person Sul	bmitting Voucher	date
page(s) Total Expenses			
	O:		4-4-

Submit completed Voucher with Receipts to: MdSNA, 3005 Gillis Falls Road, Mt. Airy, MD 21771

No reimbursements will be made without supporting receipts.

Per Diem flat amount will not be reimbursed without itemized breakdown of expenses with supporting receipts. Alocoholic beverages will not be reimbursed.