

# Maryland School Nutrition Association Expense Voucher

## MdSNA Expense Reimbursement Request Form

*for treasurer's use only*

<b>Name</b> _____	<b>Check Number</b> _____	<b>Date Paid</b> _____	<b>Committee Budget</b> _____
<b>Phone</b> _____	<b>Address</b> _____		
<b>EMAIL</b> <u>admin@mdsna.org</u>	<b>Chapter/Committee</b> _____		

**Travel Expenses** Please include complete street addresses, including zip code.

Date	Starting Address	Destination Address	Miles Traveled	2022	Hotel	Breakfast	Lunch	Dinner	Other Expenses (please explain here and put \$ in next box)	Other Expenses
				\$0.585						
<b>Total Travel Expenses</b>			<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Committee Expenses

Date	Explanation	Total

### Summary of Expenses

<b>Committee Expenses</b>	\$0.00
<b>Mileage</b>	\$0.00
<b>Hotels</b>	\$0.00
<b>Meals</b>	\$0.00
<b>Other Expenses</b>	\$0.00
<b>Total Allowable Expenses</b>	\$0.00
<b>Minus Advanced Funds</b>	
<b>Total Reimbursement</b>	<b>\$0.00</b>

**Submit Completed Voucher with Receipts to: Kathy Kim, 18921 Ferry Landing Circle, Germantown, MD 20874**

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	<b>Total Committee Expenses</b>	<b>\$0.00</b>

<b>Total from additional page(s)</b>	<b>\$0.00</b>
<b>Total Expenses</b>	<b>\$0.00</b>

Signature of Person Submitting Voucher

date

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
date