

Maryland School Nutrition Association Expense Voucher

MdSNA Expense Reimbursement Request Form

for treasurer's use only

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

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 |
|------------------------------|------------------|---------------------|----------------|---------------|---------------|---------------|---------------|---------------|---|----------------|
| | | | | \$0.625 | | | | | | |
| | | | | | | | | | | |
| Total Travel Expenses | | | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |

Committee Expenses

| Date | Explanation | Total |
|------|-------------|-------|
| | | |
| | | |
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| | | |

Summary of Expenses

| | |
|---------------------------|--------|
| Committee Expenses | \$0.00 |
| Mileage | \$0.00 |
| Hotels | \$0.00 |
| Meals | \$0.00 |
| Other Expenses | \$0.00 |
| | |
| | |

| | |
|---------------------------------|---------------|
| Total Allowable Expenses | \$0.00 |
| Minus Advanced Funds | |
| Total Reimbursement | \$0.00 |

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

