

# Maryland School Nutrition Association Expense Voucher

*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>	<b>Chapter/Committee</b>		

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

Date	Starting Address	Destination Address	Miles Traveled	2018	Hotel	Breakfast	Lunch	Dinner	Other Expenses (please explain here and put \$ in next box)	Other Expenses
<b>Total Travel Expenses</b>										

## Committee Expenses

Date	Explanation	Total
<b>Total Committee Expenses</b>		

## Summary of Expenses

Committee Expenses	
Mileage	
Hotels	
Meals	
Other Expenses	
Total from additional page(s)	
<b>Total Expenses</b>	

<b>Total Allowable Expenses</b>	
<b>Minus Advanced Funds</b>	
<b>Total Reimbursement</b>	

Signature of Person Submitting Voucher \_\_\_\_\_ date \_\_\_\_\_

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

**For 2018-2019, submit completed voucher with receipts to:  
Kathy Kim, MdSNA Treasurer, 18921 Ferry Landing Circle, Germantown, MD 20874**