

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. Howard meeting Address: 5451 Beaverkill Road, Columbia, Md. 21044

Date	Starting Address	Destination Address	Miles Traveled	2016	Hotel	Breakfast	Lunch	Dinner	Other Expenses (please explain here and put \$ in next box)	Other Expenses
Total Travel Expenses			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

Committee Expenses		
Date	Explanation	Total
Total Committee Expenses		\$0.00

Summary of Expenses	
Committee Expenses	\$0.00
Mileage	\$0.00
Hotels	\$0.00
Meals	\$0.00
Other Expenses	\$0.00
Total from additional page(s)	
Total Expenses	\$0.00

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

Signature of Person Submitting Voucher _____ date _____

Signature of Treasurer _____ date _____

Submit Completed Voucher with Receipts to : Valarie Parmer, MSNA Treasurer, 8206 Oak Lane, Lusby, MD 20657