

# 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
<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>

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

Summary of Expenses	
Committee Expenses	\$0.00
Mileage	\$0.00
Hotels	\$0.00
Meals	\$0.00
Other Expenses	\$0.00
<b>Total from additional page(s)</b>	
<b>Total Expenses</b>	<b>\$0.00</b>
<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 : Valarie Parmer, MSNA Treasurer, 8206 Oak Lane, Lusby, MD 20657**