

MINNESOTA SCHOOL NUTRITION ASSOCIATION EXPENSE/REIMBURSEMENT/DEPOSIT VOUCHER

PLEASE BE SURE TO COMPLETE ALL PARTS OF THIS FORM.

Deposit

Make check payable to: (please print)

Payment

Name		
Address		
City	State	Zip code

DATE	MILEAGE ACTUAL	PURPOSE OF REIMBURSEMENT <i>(travel, committee meeting)</i>	DETAILS <i>For mileage please enter the starting and ending destination</i>	TOTAL
				\$
				\$
				\$
				\$
\$Total				

NOTE: ORIGINAL Receipt or invoice must be attached (excluding mileage and per diem meals.)

Please make sure to have Committee Chair approve form for processing.

Request for payment must be made within 90 days. After 90 days, payment can be made only with board approval.

Signature of member requesting payment

Date

Phone

Signature of committee chair

Date

Phone

**Submit completed form to: Sharon Maus
MSNA Administrative Coordinator
21997 County Road 141
Kimball MN 55353**

