

**MINNESOTA SCHOOL NUTRITION ASSOCIATION  
EXPENSE/REIMBURSEMENT/DEPOSIT VOUCHER**

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PLEASE BE SURE TO COMPLETE ALL PARTS OF THIS FORM.

Deposit

Make check payable to: (please print)

Payment

<b>Name</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip code</b>

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

**NOTE: ORIGINAL Receipt or invoice must be attached (excluding mileage)**  
**Please make sure to have Committee Chair approve form for processing.**

***Request for payment must be made within 30 days. After 30 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:**

**MSNA Executive Director  
2000 County Road B2 W  
#131447  
St. Paul, MN 55113**

