

Corsicana ISD
Meal Expense Report

Name: _____

Check# _____

Signature: _____

Event Sponsor: _____

Amount Advanced: \$ _____

Event: _____

of Students _____

Total Expenses: \$ _____

Amount Returned: \$ _____

Initials of Sponsor & Secretary _____

School Auditors require receipts for advanced funds. Complete this form and return it with receipts to the Business Office.

All receipts must be signed by Event Coordinator

Tax ID #1-75-6000800-9

