Corsicana ISD

Meal Expense Report

Name: Check #	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 the Business Office.	to	
All receipts must be signed by Event Coordinator Tax ID #1-75-6000800-9		

::	Check#:Spo	onsor:			
certify that the above expenses are true and correct and any advance greater than the expense curred will be returned to the district.					
Student Name	Meal Allowance	Signature	Date		