SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT MEAL REIMBURSEMENT CLAIM

Employee Name:									Date:												
Confere	ence Tit	le:																			
Location:							Date:														
			N	ION	•	TUES	WED	Т	HUR	F	RI		SAT	-	S	UN		Tot	al		
Breakfa (7am-9	ast/\$16 Jam)																				
Lunch/ (10am-	-																				
Dinner, (5pm-7																					
Total E	xpenses	;																			
For one 262. The employe included	erefore, ment tax	vel, m meal c purp diem a	expei oses.	nses If he	for o otel/o	nent is cor ne day tra conferenc onference	ivel will e provi	be inc des bre	luded i eakfast	n the e with a	empl i prot	oyee tein,	's wa then	ges f brea	or Fe kfast	edera : will	al no	t be			
Employ	/ee Sign	ature	e:								_ Da	ate:							-		
Principal/Supervisor Signature:							Date:														
								Dis	trict O	ffice l	Jse:										
Fund			Resource		2	Y	Y Goal				Function				Object			t		S	
		<u> </u>																			

Approved by: ______ Date: _____

5/16/2018