

School Nutrition Association of North Carolina Expense Report

Instructions:

1. Fill out form completely.
2. **You must include budget code.**
3. Attach receipts (excluding mileage and meals).
4. Send originals with receipts to:
SNA-NC Executive Director
5. Make a copy for your files.

Pay to:

Address: _____
 City/State/Zip: _____
 _____ Check here if this is a new address
 Daytime Phone: _____
 Date: _____
 Date paid: _____ Check #: _____

Purpose of Meeting or Expense: **(Required)** _____

Date	Meals			Lodging	Transportation				Other Attach Receipts	Budget Code	Total
	Breakfast	Lunch	Dinner		Miles Driven	Mileage*	Parking	Air		Required	
Total											

*SNA-NC Mileage rate is .40 cents per mile

Less Advance: _____

	Rates in State	Rates out of State
Breakfast	\$8.30	\$8.30
Lunch	\$10.90	\$10.90
Dinner	\$18.70	\$21.30
Lodging	\$67.30	\$79.50

Total Due: _____