

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

PLEASE BE SURE TO COMPLETE ALL PARTS OF THIS FORM.

Deposit

Make check payable to: (please print)

Payment

Name		
Address		
City	State	Zip code

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

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**

