

MEAL REPORT

Institution:

Date:

Prepared by:

For Month:

EMPLOYEE MEALS

Total Number:

Funds Received (total number x \$3):

COMPLIMENTARY MEALS

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Date Provided: Person Receiving: Reason:

Use and attach additional sheets if needed ...

Total Meals Purchased:

Total Funds Received:

Total Complimentary Meals :

Signature of Superintendent or designee _____

Date