

Huntingdon Area School District  
Professional Development Committee

# Meal Voucher

To prevent delays in processing reimbursement requests, this form must be attached to employee expense reports. Please use one form for each day.

Teacher Name \_\_\_\_\_

Date \_\_\_\_\_

Restaurant Name/Location	Cost
1.	
2.	
3.	
<i>Special Notes:</i>	<p style="text-align: right;"><b>TOTAL:</b></p>

NOTE: \$25.00 per day maximum for meals only; no reimbursement for tips or alcohol. Receipts must be attached. Meals will be reimbursed during conference hours only; except for long distance travel, when exceptions may be granted with prior approval from administration and Professional Development Committee.

**1.**

**RECEIPT**

**2.**

**RECEIPT**

**3.**

**RECEIPT**