

BULLARD INDEPENDENT SCHOOL DISTRICT

Credit Card Provided Student Meals

Date: _____

Organization Name: _____

Event (purpose): _____

Meal Location: _____

of Student Meals: _____

of Coaches Meals: _____

Amount: _____

Please attach the student roster for the event.

I certify that the amounts and number of meals listed above are accurate and were for a school related event. I have read and understood the policies related to student travel and have abided by the policies.

Completed by: _____

Printed Name

Signature

Authorized by: _____

Printed Name of Director/Principal

Signature of Director/Principal

**** For meals where cash is provided to students, each student will still have to sign the meal roster.**