



School Nutrition Association of Virginia

Expense Reimbursement Report

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Office or Committee: _____
 Meeting or Activity: _____ Budget Line: _____

Days of Event Include Dates	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Totals
Miles Driven								
Reimbursement (miles x current federal rate)								
Parking and Tolls								
Auto Rental								
Taxi / Limo (include tips)								
Other (Rail or Bus)								
Airfare (include baggage fees)								
Transportation Subtotal								
Lodging								
Tips and Baggage								
Lodging Subtotal								
Breakfast								
Lunch								
Dinner								
Meals Subtotal								
Supplies / Equipment								
Phone, Fax								
Other								
Other								
Other								
Supplies Subtotal								
Daily Grand Totals								
Comments	SUMMARY							
	TOTAL EXPENSES							
	LESS CASH ADVANCE							
	NET AMOUNT DUE							

Instructions:

- Scan and attach receipts.
- Scan and email all documents to President for approval
- After approval, the President will submit to Treasurer for processing.
- The check will be mailed to the address listed above unless a Third Party Payment is indicated.
- Keep original receipts and report for your files.

Third Party Payment (if applicable)	
Name:	_____
Address:	_____ _____ _____

Signature of Person Completing Report Date

Signature of SNA-VA President Date

For Treasurer's Use Only:			
Date of Payment _____	Amount _____	Check No. _____	Treasurer's Initials _____