



**SCHOOL
NUTRITION
ASSOCIATION**
of U T A H

Making the right food choices, together.

Aug. 2013 - July 2014

School Nutrition Association of Utah
Request for Reimbursement

Make Check Payable to:

NAME: _____

ADDRESS: _____

PHONE: _____

DISTRICT: _____

EXPENSES		
DATE	PURPOSE	TOTAL

PLEASE SUBMIT ALL SUPPORTING INVOICES & RECEIPTS

MILEAGE		RATE: \$.40 per mile	
DATE	ADDRESS FROM:	ADDRESS TO:	TOTAL

For Authorization send to:
Paula Loveland- SNAU President
2077 West Royal Hunte Drive
Cedar City, Utah 84720

Authorized Signature: _____ Date: _____

TREASURER'S USE ONLY			
DATE	CHECK#	CHARGE TO BUDGET	SIGNATURE