



MEAL RECONCILIATION SHEET

Date: _____ Sport: _____

Restaurant: _____

Name of Athlete/Coach/Bus Driver

Name of Athlete/Coach/Bus Driver

- 1 _____
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- 50 _____

Please Note:
 * Receipt must be itemized
 * Receipt must have the Restaurant's name and address

Number of Persons Eating	#	<input type="text"/>
Times \$7.00 Per Meal		x \$7.00
Equals Maximum Allowable	\$	<input type="text"/>

*** COACHES ARE RESPONSIBLE FOR PAYING ANYTHING ABOVE THE MAXIMUM ALLOWABLE AMOUNT DIRECTLY TO THE RESTAURANT ON THE DAY OF PURCHASE.** Coach Signature: _____