



MEAL RECONCILIATION SHEET

TAX ID# 01-503319-00-8

Date: _____ Sport/Club/Class: _____

Restaurant: _____

List names of Teacher/Coach, students, bus driver, etc.

1 _____	26 _____
2 _____	27 _____
3 _____	28 _____
4 _____	29 _____
5 _____	30 _____
6 _____	31 _____
7 _____	32 _____
8 _____	33 _____
9 _____	34 _____
10 _____	35 _____
11 _____	36 _____
12 _____	37 _____
13 _____	38 _____
14 _____	39 _____
15 _____	40 _____
16 _____	41 _____
17 _____	42 _____
18 _____	43 _____
19 _____	44 _____
20 _____	45 _____
21 _____	46 _____
22 _____	47 _____
23 _____	48 _____
24 _____	49 _____
25 _____	50 _____

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

Number of Persons Eating	#	<input type="text"/>
Times \$13.00 Per Meal		x \$13.00
Equals Maximum Allowable	\$	<input type="text"/>

*** Each Person Responsible for Paying Anything Above the Maximum Allowable Amount Directly to the Restaurant on the Day of Purchase.** Coach/Teacher Signature: _____