



**Mansfield ISD**  
**605 East Broad St**  
**Mansfield, TX 76063**  
**817-299-6090**

## RETURNED MEAL MONEY RECONCILIATION

Today's Date:		Event:	
Sponsor:		Event Date:	
Activity Group/Club:		Event Location:	
Credit Card Name:		Last 4 Digits of CC:	

DATE	MEAL	VENDOR	EXPENSE AMOUNT
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			\$ -
			\$ -

Total Spent:	\$ -
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PO Number:	
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**\* ALL receipts must show itemized items and including gratuity amount (you will need to submit both receipts if they are not on one).**