



LAKIN USD #215

MEAL ALLOWANCE REQUEST FORM

TO BE SUBMITTED IN ADVANCE OF WORKSHOP

Board of Education Office
Lakin USD #215
1003 W. Kingman
Lakin, KS 67860



Today's Date:

Make Check Payable to:

INSTRUCTIONS FOR
COMPLETING THIS FORM:
Indicate date and time you will be
departing for and returning from your
conference or workshop. Sign below.
THANK YOU.

Description and Place of Workshop or Conference:

DATE DEPARTING LAKIN	TIME DEPARTING LAKIN	DATE RETURNING TO LAKIN	TIME RETURNING TO LAKIN	FOR OFFICE USE ONLY	
				# OF MEALS @ \$10	TOTAL

I HEREBY CERTIFY that the foregoing account is correct, reasonable, and just and remains unpaid, that the charges herein are legal or ordinary for such request.

Signature of Individual Requesting Meal Allowance

Signature of Superintendent

MAKE SURE LEAVE FORM ACCOMPANIES THIS MEAL REQUEST. IF APPLICABLE, ATTACH INSERVICE REQUEST FORM, AND/OR PURCHASE ORDER REQUEST FOR CONFERENCE REGISTRATION AND/OR HOTEL.