## Decatur ISD Students Meals

Event Description: _____  Date: _____

_____  PO#: _____

** Please have student's initial next to their name once they receive their meal money.

| Student's Name: | Initial | Student's Name: | Initial |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

_____  _____
Signature of Sponsor  Date