

LINDALE INDEPENDENT SCHOOL DISTRICT

Athletic Travel Card

NON-Overnight Meals ONLY

CHECK...

___ Season: **ATTACH SEASON SCHEDULE WITH GAMES HIGHLIGHTED**

___ Single Game/Tourney: LIST DATE(S) NEEDED _____

Athletic Event/Team: _____

***ATTACH ROSTER OF ATHLETES & COACHES**

Coach Responsible: _____

EMPLOYEES

Lunch # _____ @ 9.00 = _____
Dinner # _____ @ 20.00 = _____

Total Employee Meal Cost \$ _____

STUDENTS

Lunch # _____ @ 6.00 = _____
Dinner # _____ @ 9.00 = _____

Total Student Meal Cost \$ _____

BUDGETARY CODE: 181-36-6412.01-001-X-91 \$ _____

864-36-6499.____-001-X-91 \$ _____

TOTAL MEALS \$ _____

SUBMIT Receipts to Athletic Secretary Upon Return from EACH game

Athletic Director: _____

Accounts Payable: _____

Director of Finance: _____

OVERNIGHT GAMES WILL USE A DIFFERENT FORM. DO NOT INCLUDE THOSE MEALS HERE.