



Henry M. Jackson High School
1508 136th Street SE | Mill Creek, WA 98012
Phone (425) 385-7000 ▪ Fax (425) 385-7044

ASB Meals

Sport/Event/Club: _____

Advisor/Coach responsible for distributing funds: _____

Date(s) of Event: _____

Travel Location: _____

	Student Name (print)	Breakfast \$5.00	Lunch \$8.00	Dinner \$12.00	Total Amt. Received	Student Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

By signing, I agree that I have received the dollar amount noted for my meal per diem.

Total Distributed: _____ *(calculate at conclusion of event)*

Amount of Advance: _____

Difference: _____

Balance, if any, to be returned to ASB Treasurer the first working day upon return from the event.