Food and Meal Justification Form

All purchases of food items and meals that (1) are being claimed for non-taxable reimbursement and do not involve overnight travel; (2) are being charged to a purchase order or a district credit card (such as Safeway card); OR (3) are being claimed by one person for themselves and at least one other person; MUST BE DOCUMENTED BY COMPLETION OF THIS FORM TO INCLUDE APPROVAL BY THE SUPERINTENDENT PRIOR TO ANY PURCHASE BEING MADE. By direction of the Internal Revenue Service (IRS) failure to submit a completed form will result in payroll taxes being taken from the paycheck of the individual who purchased the food. Remember, detailed receipts are required for any reimbursement. Credit card slips are not sufficient detail for IRS or state audit purposes.

Examples of purchases to be documented on this form include, but are not limited to, the following:
- Snacks (juice, soda, pastries, etc) for a staff meeting or training session held at non-meal times
- Meals (sandwiches, catered meals) for a district meeting that continues through normal mealtime hours
- Meals purchased for consumption by employees while away from the district for training or meeting, *whether the travel occurs overnight or not*, that meets the guidelines above.
  (This would NOT include coaches, bus drivers, volunteers and other staff on field or extra-curricular trips.)

Name: ____________________________

Date of Service: ____________________ Location: ____________________________

Purpose of Occasion: __________________________________________________________

Why food items considered to be for ‘business purposes’: ________________________________

What to be served: ____________________________

List of individuals attending meeting/training session/etc.: (continue on back of page if needed)

________________________  __________________________
________________________  __________________________
________________________  __________________________
________________________  __________________________
________________________  __________________________
________________________  __________________________
________________________  __________________________
________________________  __________________________

Principal/Program Manager Approval: ____________________________

Signature and Date

Superintendent/Designee Approval: ____________________________

Signature and Date