

Common Meal Reimbursement

Date of Meal _____ No receipt needed!
No of Adults _____ x\$4.50 = _____
No of Children _____ x\$2.25 = _____
No of Guests _____ x\$5.50 = _____ (Actual Amount Collected)
No of Guest Kids _____ x\$3.25 = _____
Total _____

90% Allowance of Meal _____ Actual Meal Reimbursement _____

Cook _____ Amt _____ Cook _____ Amt _____

HW Farms _____ HW Store _____

What staples were used? _____

Was there adequate amount of food? YES or NO

Please put this completed form in cubby labeled **Common Meal Reimbursement Forms**. Please collect money from guests and put it in the Visitor Common Meal mailbox.

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