



SCHOOL NUTRITION ASSOCIATION
OF PENNSYLVANIA

1121 NORTH BETHLEHEM PIKE, SUITE 60-227, SPRING HOUSE, PA 19477

EXECUTIVEDIRECTOR@SNAPA.ORG

CHAPTER EXPENSE FORM

CHAPTER NAME _____

CHAPTER OFFICIAL SUBMITTING _____

MAILING ADDRESS _____

YOUR E-MAIL _____ CHAPTER POSITION _____

CHAPTER MEETING _____ DATE OF MEETING _____

On behalf of my SNAPa Chapter, I hereby certify that all expenditures itemized below were made on behalf of the Chapter named for Chapter activities and were not the subject of any compensation or reimbursement from any other source.

SIGNATURE _____ DATE _____
(Required)

SNAPa will reimburse a SNAPa Chapter for specific expenses incurred with the conduct of a regularly scheduled Chapter meeting. A Chapter official must submit this form along with appropriate documentation for all expenses.

1. SNAPa will reimburse a Chapter for fees charged by an outside speaker/presenter (someone not a member of the Chapter). The standard reimbursement rate for each speaker is currently \$60 but a Chapter may request greater reimbursement from SNAPa by providing documentation of the actual fee charged by the speaker/presenter. Please attach an itemized invoice or other documentation with this Expense Voucher.
2. The following standard conditions will apply to all reimbursements requested and approved:
 - a. All participants in the Chapter meeting must be a current SNA/SNAPa member.
 - b. If non-SNA/SNAPa members attend, they must be charged an appropriate fee.
 - c. If a fee is charged to attend the Chapter meeting, the fee charged a non-SNA/SNAPa member must be significantly greater than the fee charged the SNA/SNAPa member.
 - d. SNAPa may consider reimbursing additional meeting related expenses on a meeting-by-meeting, expense-by-expense basis.
 - e. The Chapter must provide SNAPa with an attendance report with this Expense Voucher.
 - f. The Chapter must provide SNAPa with a "budget" of expenses for the specific Chapter meeting.
3. All Expense Vouchers *must be submitted within 45 days* of the date of the event you are requesting reimbursement for.

SPEAKER _____

PROGRAM/PRESENTATION _____

REIMBURSEMENT _____

ADDITIONAL EXPENSES REQUESTED _____