

**ATHLETIC/U.I.L./STUDENT MEAL CHARGE FORM**

Iraan-Sheffield ISD  
Attn: Accounts Payable  
P.O. Box 486  
Iraan, TX. 79744  
Tax Exempt # 74-6001443

Group Name: \_\_\_\_\_

Charge Amount: \_\_\_\_\_

Please send invoice to address at the left.

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Sponsor Signature

Date



**\*\*\*\*\*Sponsor: attach student list and receipts to this bottom portion and return to the Business Office\*\*\*\*\***

Restaurant  
Name \_\_\_\_\_  
Restaurant  
Address \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ # of Meals: \_\_\_\_\_

Group: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Location: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Budget Code: \_\_\_\_\_

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PRINCIPAL/ATHLETIC DIRECTOR

BUSINESS MANAGER/SUPERINTENDENT