## **Alvord ISD Student Meals**

Event Description:					Date:		
						PO #:	
**Please have student's initial next to their name once they receive their meal money.							
Student's: Nam	ie	Initial	ı <b>r</b>	Student's:	Name		Initial
			•				
Amount Returned to AISD (if any): \$							
Amount Returned to	o AISD (it any): \$			<del></del>			
Check Payable to: _							
Signature of Sponsor						Date	