

Staff Activity Cost Summary

Program_____ Month_____ 20____

List all meals and activity expenses for staff. Purchase limits are as follows:

- \$11.00 for drive-thru, carryout and restaurants with no table service
- \$17.25 (\$15.00 dinner plus 15% tip of \$2.25) for restaurants with table service
- Actual entrance fee to an activity

Monthly budget for program \$_____

Date	Name of Business	Employee	Amount	Balance