

For foreigners

Expense certificate to bring

(Where guardians write)

Reason for bringing	<input type="checkbox"/> food allergy <input type="checkbox"/> diseases <input type="checkbox"/> religion			
Category to bring	<input type="checkbox"/> Bring your own lunch (no milk) <input type="checkbox"/> Bring your own lunch (milk included) <input type="checkbox"/> Bring side dishes etc.			
Applicable month	unit price①	Number of times brought②	total (①×②)	
April	yen	times	yen	
May	yen	times	yen	
June	yen	times	yen	
July	yen	times	yen	
August	yen	times	yen	
September	yen	times	yen	
October	yen	times	yen	
Novemver	yen	times	yen	
December	yen	times	yen	
January	yen	times	yen	
February	yen	times	yen	
March	yen	times	yen	
total (A)		times	yen	

Please prove the above.

School principal

year month day

Guardian's address _____

Name of guardian _____

Name of the child or student _____ (year)

(Where the school writes)

I hereby certify the above.

year month day

School principal's seal