

STUDENT MEAL MONEY

NEED **ONE** OF THE FOLLOWING ITEMS RETURNED TO THE BUSINESS OFFICE WITH A COPY OF THE PO **WITHIN 5 DAYS OF THE EVENT**:

RECEIPT WHERE MEALS WERE PURCHASED AND A COPY OF THE DEPOSIT SLIP WHERE EXCESS FUNDS WERE DEPOSITED.

OR

LIST OF THE STUDENTS WITH THEIR SIGNATURE THAT THEY RECEIVED THE MONEY AND AMOUNT PER STUDENT. USE THE LIST BELOW OR ATTACH ONE IN THE SAME FORMAT.

REASON FOR TRAVEL: _____

PO#	DATE OF EVENT:	AMOUNT PER STUDENT	\$
	SIGNATURE	STUDENT NAME	SIGNATURE
			STUDENT NAME
1		23	
2		24	
3		25	
4		26	
5		27	
6		28	
7		29	
8		30	
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13		35	
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16		38	
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18		40	
19		41	
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21		43	
22		44	