STUDENT MEAL REQUEST

Person requesting: _____ Date:_____

Conference/Tournament: _____

Campus(es)/Club or Class:_____

Date & Time of Departure: _____ Date & Time of Return: _____

No. of students attending _____

No. of sponsors attending: _____

_____

_____

Meals are based on departure/arrival times and dates. You must provide ***itemized* receipts** to athletics/Campus personnel within two business days from return of the event. You must provide a ***student roster including coaches/trainers*** that will be attending when submitting this request.

Breakfast before 9:00am, Lunch between 9:00am - 5:00pm, Dinner after 5:00pm

Meal	Maximum	*Example*		Day 1		Day 2		Day 3		Day 4		Day 5	
		#	*Amt.*	#	Amt.	#	Amt	#	Amt	#	Amt	#	Amt
Breakfast	Student ($7 ea)	*20*	*$140.00*										
	Sponsor ($10 ea)	*4*	*$40.00*										
Lunch	Student ($10 ea)	*20*	*$200.00*										
	Sponsor ($15 ea)	*4*	*$60.00*										
Dinner	Student ($13 ea)	*0*	*$0.00*										
	Sponsor ($20 ea)	*0*	*$0.00*										
Daily totals			***$440.00***										

Total Trip Expenses $ _____

Employee (Sponsor) Printed Name: _____

Employee (Sponsor) Signature: _____ Date: _____

Budget Acct. Code_____Signature: _____

Created : 07-22-2025