



STUDENT TRAVEL GUIDELINES

Updated 07/2024

Contents

Sharyland ISD Board Policy	3
SISD Student Expectations and Conduct	5
Procedure Checklist & Expectations	6
Sharyland ISD Coach/Director/Sponsor	6
Room Development Guidelines	8
Student Travel.....	8
Field Trips.....	10
Medication Administration – Field Trip/Overnight Procedures	11
Supplies Needed for the Trip:	13
Upon Return to School:	13
Important Information from the School Nurse regarding School-Sponsored Overnight Trip	14
Health Information School-Sponsored Overnight Trip	15
Field Trip Information Needed by the Nurse	18
Student Meal Advance Form	20
Student Meal Allowance Signature Sheet	21

Sharyland ISD Board Policy

Sharyland ISD
108911

STUDENT ACTIVITIES
TRAVEL

FMG
(LOCAL)

Transportation for Student Travel	Students who participate in school-sponsored trips shall be required to use transportation provided by the District to and from the event, except as otherwise permitted in administrative regulations.
In-State Overnight Trips	Any in-state overnight trips taken by student organizations and other student groups shall require approval from the principal.
Out-of-State Trips	Any out-of-state trips taken by student organizations or other student groups shall require approval from the Board.
Out-of-Country Trips	Any out-of-country trips taken by student organizations or other student groups shall require approval from the Board.

SISD Student Travel Policies and Expectations

Students are representatives of the Sharyland Independent School District and the campus that they attend. As student representatives they are expected to adhere to the student code of conduct at all times. The following packet will help provide information for the parents and students about the expectations while traveling with a Sharyland ISD activity.

The following forms are attached and need to be completed and turned in to the sponsor prior to traveling to the activity:

- **Parent Permission Form:** This contains vital student information as well as Parental or Guardian information. This form needs to be completely filled out so that the sponsor will have contact information in case of an emergency.
- **Itinerary:** This is an information sheet for the parents. This sheet will tell each parent about the travel time, destination, and competition. It will also have contact numbers (coaches and hotel) for the parents to call in case they need to get in touch with their child.
- **Student Expectations:** This is a list of responsibilities that each student is expected to follow. SISD students are traveling for competition and are expected to hold to the high standards accordingly.
- **Sponsor Expectations:** This is a list of the expectations for the sponsor on the trip.
- **Medical Parent Permission Form:** Student travelers shall complete and have on file the medical form. Sponsors shall retain a copy with them at all times during travel.
- **Sign off sheet:** This sheet needs to be signed and returned to the coach/sponsor. This is verification that the parent and student has read and understands all policies in this packet.

SISD Student Expectations and Conduct

The following are expected behavior of all SISD competitors:

- My behavior will be a positive reflection of myself, my school, and Sharyland ISD.
- I will pack everything I need for my competition, travel, and activity (see Packing Checklist), and I will be responsible for my belongings.
- I will attend all events, meetings, and activities that my sponsor assigns. I will be prompt and show respect for everyone involved.
- I will follow the Sharyland ISD Dress Code. If/when shorts are permitted, they must be tasteful and no higher than the fingertips when the arms are straight down at one's sides.
- When at an off-site activity (such as a mall, museum, park, etc), I will stay in groups of at least 3 Sharyland ISD students.
- While at hotel accommodations:
 - I will keep the noise level down in my room and in the hallways.
 - I will respect the property of the hotel and its other guests.
 - I will not take hotel "souvenir items," and I will leave the room orderly.
 - Under NO CIRCUMSTANCES may boys enter girls' rooms, or girls enter boys' rooms.
 - I will NOT enter the rooms of anyone not in my Sharyland ISD group.
 - NO swimming or water activities, NO pay-per-view movies, NO possession of (or association with anyone in possession of) any substance in violation of the Sharyland ISD Code of Conduct.
 - I will follow the curfew and "Lights Out" times set by my sponsor.
- I understand that NO outside visitors are allowed at the hotel, competition site, or activity without express permission from the school principal or their designee.
- I understand that I may not leave the Sharyland ISD group without pre-approval from my principal, designee, or sponsor.
- I will follow the Sharyland ISD Code of Conduct and this Code of Conduct for Travel. Should I NOT comply, I will face the necessary consequences as imposed by assigned school personnel, including but not limited to sending me home at my parent's expense.

I have read and understand the rules above. I will comply with these rules.

Student _____

Print Name

Signature

Date

I have read and understand the rules above. I agree that my child will comply with these rules.

Parent/Guardian _____

Print Name

Signature

Date

Procedure Checklist & Expectations

Sharyland ISD Coach/Director/Sponsor

- I. Plan, organize, and set schedule for trip. Submit Paperwork before travel to designee at least 3 weeks before travel.**
 - a. Travel request form
 - b. Registration for event
 - c. Hotel: quotes, room list, bus driver
 - d. Transportation arrangements: car, bus, or plane?
 - Bus: quotes, itinerary, maps, two drivers?
 - Car: quotes, itinerary, maps, parking
 - Air: quotes, rental car (parking), shuttles, baggage fee
 - e. Meal money: Use departure/return times to determine counts for breakfast, lunch, dinner; include school bus driver in count
 - f. Procure chaperones (Must provide HR clearance each chaperone)
- II. Elementary**
 - 1 sponsor/chaperone:10 students
- III. Secondary**
 - 1 sponsor/chaperone:12 students
- IV. Prior to travel**
 - a. Conduct a parent meeting including agenda/ parent information. Communicate all expectations clearly to all participants and parents.
 - Travel Itinerary with times and locations
 - Packing Checklist
 - Code of Conduct for Travel
 - Permission Form
 - Medical Liability Release information
 - Nurse approval of Medical Liability Release information
 - Eligibility (UIL standards)
 - A complete set of student documentation for each sponsor
 - Deadlines
 - Establish eating arrangements if eating out
 - Verify that chaperones are approved through parent/volunteer process

V. While you are traveling

- a. All sponsors must accompany students on bus/plane unless prior approval.
- b. Develop and monitor seating arrangements on buses. Arrange sponsors separately throughout the bus to better monitor students.
- c. Develop room assignments and monitor each student room.
- d. Each sponsor should carry a complete set of student documentation and itinerary
- e. Place students in teams (to facilitate counting)
- f. Stress Safety (no swimming/water activities, overnight rules, curfew etc) and good behavior
- g. Ensure student expectations are followed.
- h. Contact appropriate district officials of any discipline violation or problem that may occur on a trip.
- i. Contact parent immediately if needed.

VI. When you return, submit original receipts within 5 days to the Accounts Payable Department.

- a. Registration receipts
- b. Hotel receipts
- c. Car rental invoice
- d. Gas receipt
- e. Airline baggage receipts
- f. Parking receipts

Room Development Guidelines

The following guidelines were used when developing student rooming list:

- A district employee has secured overnight lodging for students at appropriate, vendor approved hotels/motels.
- Rooming lists are based on no more than four students per room.
- Coaches/directors/sponsors have placed students equitably in rooms based on gender. When possible, student preference is considered. Block of rooms will be equally distributed among students attending should the need arise.
- Once rooming lists have been distributed, parent input will be considered and appropriate changes will be made.
- No single student rooms will be allowed unless there is only one student of the gender on the trip.
- Parents may request an additional room with double room occupancy but the requesting parent will incur the cost of the room.
- Parents will be notified, in writing, of any room changes concerning their child.

Student Travel

All student travel must be preapproved by campus administration, regardless of whether or not an advance is desired. An employee requesting student travel and subsistence must complete the Student Travel form through Laserfiche and submit to the Purchasing Department three weeks prior to travel.

- Registration: A registration form or certificate of attendance must be attached to the payment form. It is the responsibility of the sponsor to make sure the group is registered on time.
- Lodging: For those students participating in an extracurricular activity requiring an overnight stay, the maximum standard/hotel/meal allowance will be in effect. Students should be grouped according to gender and have no more than 4 students per room. School districts are exempt from Texas state sales tax on lodging but are not exempt from city taxes or other taxes imposed for lodging. The sponsor is responsible for making reservations. When making reservations, please advise the hotel that you are eligible for the STATE RATE. Sponsors should negotiate the best rate possible for each stay. Third party reservations are not allowed.
- Meals: The district may provide meals or meal money for students and sponsors participating in school- sponsored activities. Meal costs will be advanced to the sponsor. A list of student and sponsor names must be attached to the Student Travel form. Receipts or a signed roster are required to substantiate meals after the travel. Any unused funds must be returned to the business office within 3 days of the event. The meal rate for student travel is \$7.00 per meal at district level and \$8.00 per meal for regional or state level. Any extra meal money requested above the rate must be from the student activity fund.

To determine if certain meals are eligible, please refer to the criteria below:

Meal Type	Rate	Must leave Before	Must Return After
Breakfast	\$8.00	6:00 A.M.	8:00 A.M.
Lunch	\$8.00	11:00 A.M.	2:00 P.M.
Dinner	\$8.00	4:00 P.M.	6:00 P.M.

All student travel must be pre-approved by campus administration, regardless of whether or not an advance is desired. An employee requesting student travel and subsistence must fill out a travel request form and submit to the Purchasing Department three weeks prior to travel.

Meal reimbursement is \$8.00 per person for district travel and \$9.00 per person for regional or state travel (students and staff).

Registration, Lodging and district vehicles are same as employee travel.

The following procedures will be followed for transportation for students.

1. School sponsored out-of-town trips shall require students to use transportation provided by the District.
2. When separate schools are attending the same event outside the valley, schools will travel together to the maximum extent possible.
3. A rental/district SUV may be used upon arrival at the host city to transport students.
4. No students under the age of 13 will be allowed to ride in the front seat.
5. Students will be required to be transported on a bus if more than two SUVs are needed (4 students per SUV; 5 students max per vehicle if a third row is available). When traveling by vehicle, each passenger must be properly secured by a safety belt or an appropriate child safety seat restraint system.
6. NO private vehicles or 15 passenger vans can be used to transport students.

The correctly completed form must be submitted at least three weeks prior to the actual date of travel to allow the accounts payable department to prepare checks. Forms not completely and correctly prepared will be returned to the sponsor without action. All approvals must be obtained and submitted with the form prior to processing.

Field Trips

Field trips and out-of-school activities that are instructional in nature, as well as, those trips that are activities of school clubs and organizations (e.g., Student Council, special interest clubs) and school-affiliated organizations, whether or not they occur during the instructional day, are addressed in this procedure.

All school- or district-related field trips and out-of-school activities must have documented approval from the appropriate administrator/supervisor prior to departure. Local school-related trips (within 50 miles) must be approved by the Principal. In state school-related trips (further than 50 miles) must be approved by the Principal and the Assistant Superintendent. Any out-of-state trip would require approval from the Principal, Assistant Superintendent, the Superintendent and the Board of Trustees.

All field trips taken during the school day, including any end of the year trips, should be educational and related to TEKS objectives. Please keep the following considerations in mind when planning a field trip:

- High-risk activities are not allowed on trips, (i.e. swimming, trampoline park, skating, etc.).
- Incentive trips are funded through the campuses' student activity account.
- Activities beyond the purpose of the trip cannot lengthen the travel date beyond the normal travel allowance relative to the competition schedule and mode of transportation. (*ex: competition ends Thursday afternoon & students & sponsors stay until Friday to go to Fiesta Texas*)

I. Prior to travel

- a. Conduct a parent meeting including agenda/ parent information. Communicate all expectations clearly to all participants and parents.
 - Travel Itinerary with times and locations
 - Packing Checklist
 - Code of Conduct for Travel
 - Permission Form
 - Medical Liability Release information
- b. SEE Medication Administration Field/Overnight Trip Procedures
- c. (UIL standards)
- d. A complete set of student documentation for each sponsor
- e. Deadlines
- f. Establish eating arrangements if eating out
- g. Verify that chaperones are approved through parent/volunteer process

Medication Administration – Field Trip/Overnight Procedures

The goal of the district is to facilitate students with special medical needs to be allowed to participate in all school activities. The campus Principal designates the faculty/staff member who will be trained to administer medication to students while participating in school sponsored activities on or off district property.

Departure times may be affected and the trip delayed when the procedures outlined below are not followed, the school nurse has not been given advanced notice, reviewed medical records and medication information, and appropriately trained the faculty/staff member designated in proper medication administration procedures.

The Health Services Policy and Procedures Manual outlines the procedure for administration of medication during a field trip (“day trip or overnight stay”) as follows:

- **For “Day” field trips**, the faculty/staff member will be responsible for notifying the school nurse at least two weeks prior to any scheduled “day” field trips. The ***Field Trip Information Form for the School Nurse*** should be completed and a roster of students given to the school nurse.
- **For Overnight trips**, the faculty/staff member will be responsible for notifying the school nurse at least two weeks prior to any scheduled overnight trips. The ***Field Trip Information Form for the School Nurse*** should be completed and a roster of students given to the school nurse. In addition, the faculty/staff member should send the form, ***Important Information from the School Nurse Regarding School- Sponsored Overnight Trip***, to the parents/guardians at least two weeks prior to the trip.
 - This form is required when the parents/guardians will be sending medication(s) for the student for the overnight trips. It contains the following information:
 - Medications must be FDA approved.
 - Medications will be kept with the designated faculty/staff member. Students are not allowed to carry any medications with them. The only medications students may be allowed to carry are asthma inhalers and **only if** the school nurse already has written authorization from the student’s physician that he/she is allowed to carry their inhaler.
 - Restricts from dispensing any homeopathic and naturopathic medications, vitamins and minerals, supplements, and medication from Mexico or other country.
 - Written parental/guardian authorization is required.
 - Student, parent/guardian, emergency contacts, and physician information.
 - Describes how medication should be given to school staff for dispensing (i.e., original container, labeled properly with medication name, dosage, frequency, route, U.S. physician’s name).
 - Includes health and insurance information.

IMPORTANT NOTE: Parents/guardians should be made aware that any change in student's health status with medication(s) being prescribed leading up to trip departure should be immediately reported to faculty/staff member in advance of the departure day. The faculty/staff member will immediately notify the school nurse and follow appropriate outlined procedures. **Failure to do so may cause trip departure delays, the student will not be given the medication during the trip or the student may forfeit attending the trip.**

1. The school nurse will prepare a list of those students who will require medication during the field trip.
2. The student must have a completed Medication Authorization form on file.
3. If medication is to be administered on a field trip, the same regulations apply.
 - **“Day” Field Trips:** the school nurse (RN/LVN) will prepare a sealed envelope with one dose of the needed medication and will include in clear, legible print the student's name, date of birth, medication name, dosage and time to be administered. The school nurse will transfer possession of the envelope to the faculty/staff member and advised to be kept in a safe and secure location during the day.
 - Empty medication envelopes should be returned to the school nurse upon arrival to campus.
 - **Overnight Trips:** the parent/guardian must provide the school nurse with the appropriate number of doses needed by the student for the overnight trip at least 3-5 days before the event.
 - The medication must be in its original container, whether prescribed by a U.S. physician or an over the counter medication. If prescribed by a U.S. physician, the container should be labeled with the student's name, medication name, dosage and frequency. U.S. prescribed medications and over the counter medications must not have expired dates.
 - The school nurse and the parent/guardian will count the number of pills in the container when it is brought into the clinic 3-5 days before departure.
 - The school nurse and the faculty/staff member will count the number of pills in the container the day before departure. Medication will be transferred into the faculty/staff member's care.
 - Empty medication bottles should be returned to the parents/guardians upon arrival to campus.
4. The faculty/staff member responsible for administering the medication must have medication administration training with the school nurse the day before the event or departure, including any child specific training on emergency injectable drugs.
5. The faculty/staff must sign the medication out on the student's Medication Administration Calendar.
6. Upon completion of the medication administration training, the medication container will be given to faculty/staff designee and inform them that the medication must be kept in a secure place at all times. Include a copy of the Medication Authorization form.

7. Medication that requires refrigeration must be kept in a small cooler with ice packs.
8. Always use strict hand washing technique before administering medications; wash hands before and after medication administration.
9. Prior to administering any medication, the faculty/staff member will use the medication safety precaution known as The Rights of Medication Administration.
10. Note the time medication is administered (medication administration window of 30 minutes before or 30 minutes after the scheduled time)
11. When returning from the off-campus event, the faculty/staff member must document the administration of the medication on the Medication Administration Calendar.

Supplies Needed for the Trip:

- Bag large enough to carry medication(s)
- Medication(s) in appropriately labeled original container
- Drinking cups
- Drinking water
- Calibrated measuring cups (for liquid medications)
- Cooler and ice packs if needed for refrigerated medication

Upon Return to School:

- Faculty/staff member who administered should record time and date medication administered, sign full name and initial.
- If the medication is not given as ordered, the principal and parent/guardian will be notified.

Important Information from the School Nurse regarding School-Sponsored Overnight Trip

Dear Parents/Guardian:

Please complete your student's information forms promptly. It is essential that you provide your **cell phone, home, and work phone numbers**, your physician's/clinic's name and **phone number**, and the phone number of an emergency contact in case you cannot be reached in the event of an emergency. If you have insurance, you must also provide your student's **health insurance program** and the **policy number**.

MEDICATIONS FOR SCHOOL-SPONSORED OVERNIGHT TRIPS

All FDA approved medication, prescription and over-the-counter, needed during the field trip will be kept and administered by the staff. Students are not allowed to carry medications and cannot be kept in the student's rooms or suitcases.

Per school district policy, homeopathic and naturopathic medications, vitamins and minerals, supplements, and medication from Mexico or other country will not be administered.

Note: For Mexico or other county medication(s), in advance of the trip, consult with a U.S. licensed physician about substituting a U.S. medication for the Mexico/other county medication that will work just as effectively.

All medication and paperwork must be turned in to the school nurse **NO LATER THAN 1 WEEK** prior to the OVERNIGHT TRIP unless prior arrangements are made with your school nurse. **Please send only the exact amount of medication needed for the trip.** The empty bottle(s) of daily medications will be returned to the parent/guardian by faculty/staff member designated for medication administration.

Any change in student's health status with medication(s) being prescribed leading up to trip departure should be immediately reported to faculty/staff member in advance of the departure day. Failure to do so may cause trip departure delays, the student will not be given the medication during the trip or the student may forfeit attending the trip.

Prescription Medication

The students' medications must be in the current prescription-labeled container (you can ask your pharmacy to split your prescription, with a separate bottle for the amount needed while on the field trip). The label must contain the following information:

- Name of student
- Name of drug
- Dosage
- Frequency of administration
- Route of administration
- Prescribing physician's name

A parent/guardian must also provide a written request that the student receive the prescribed medication while attending the field trip.

Over-the-Counter Medications

The medication **MUST** be in its original container. A parent/guardian must provide a medication authorization form that the student receives the over-the-counter medication while on the trip. The request shall contain all of the information as requested above for the prescription medication.

Please remember to get any emergency medications (inhaler, EpiPen, as needed medications) returned to you from the sponsor/teacher as your student gets off the bus at the end of the field trip.

School Nurse: _____ Phone Number: _____

Fax Number: _____

Health Information School-Sponsored Overnight Trip

Dear Parent/Guardian:

Please complete this health information sheet and return to sponsor/teacher before _____.

Student's name: _____ DOB: ____/____/____ ____M____F

Address, city, zip: _____

Parent/Guardian name(s): _____ Cell# _____ Home# _____
Work# _____

Emergency contact name(s): _____ Cell# _____ Home# _____ Work# _____
Relationship _____

Student's Physician: _____ Phone# _____

Will your child bring medication on the trip?

Prescribed by Dr: No Yes Over-the-Counter: No Yes

If Yes, specify below: (Parent signature on reverse side authorizes medication to be given by staff)

Name of medication(s) PRINT clearly	Dosage	Frequency	Times	Special instructions	Teacher to complete (Date/Time/Initials)

All medication(s) will be administered by Sharyland ISD staff, and must meet the following criteria:

Prescription Medication:

A prescription medication must be in the **original prescription bottle** with a current prescription label properly affixed to the medication in question. The label must contain the name of the student, name of drug, dosage, frequency of administration, route of administration, diagnosis and physician's name.

Over-the-counter Medication:

This medication must be in the **original bottle accompanied by a Physician's order/authorization**. Write child's name on the bottle.

Please provide other health information that would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

IN CASE OF AN EMERGENCY, please provide the following information:

_____ Student does not have health insurance

_____ Student does have the following health insurance

Name of health insurance program: _____

Group/ID#: _____ Policy#: _____

Phone#: _____

EMERGENCY AUTHORIZATION: (Parent/Guardian MUST sign and date this form)

In an emergency, I hereby authorize Sharyland ISD staff to make such arrangements as necessary for the safety and well-being of my child. I also authorize the hospital/emergency room to perform necessary procedures.

I understand that the cost of medical attention and ambulance are the responsibility of the parent.

_____/_____/20

Parent/Guardian Signature

Print Parent/Guardian Name

Staff administering medication: Signature _____ Initials _____

Field Trip Information Needed by the Nurse

*Teacher(s),

1. Complete this form and attach a roster/list of all students going on field trip.
2. Return this form to the school nurse at least 2 weeks before the field trip.
3. The school nurse will review roster/list for students that need medication(s)/treatment(s) administered while on the field trip and prepare for staff to administer necessary medication(s)/treatment(s).

Grade of student(s) participation in field trip:		
Teacher filling out this form (PRINT name):		
Date of Field Trip:		
Destination:		
Type of Transportation:		
Time of Departure from School:	AM	PM
Approximate Time Returning to School:	AM	PM
Where will you be eating lunch?	☐ Away from School	☐ At School
Will you have any parent chaperones?	☐ Yes	☐ No
Field Trip Sponsor(s)/ Organizer(s): (PRINT name(s) of all staff going on field trip)		
Who will be giving prescribed medication(s)/treatment(s), if needed?		
Has the individual administering medication(s)/treatment(s) completed Medication Administration training with the nurse?	☐ Yes	☐ No
If No, see school nurse as soon as you can.		

In cases where a student requires advanced medical care or has medical issues that need to be addressed during the field trip, advanced planning of at least thirty calendar days is necessary. Communication between the teacher/ staff, school nurse and parent/ guardian is required to determine the necessary accommodations required for student attendance.

To be completed by the School Nurse:

Field trip form turned in by teacher on:	Date:	
Has a student(s) been identified from the roster/list provided that will require administration of medication(s)/treatment(s) by staff while on the field trip? If No, STOP here, but give First Aid packet/supplies to teacher for the trip.	☐ Yes	Date:
	☐ No	
Has staff going on field trip been made aware of student(s) that will require administration of medication(s)/treatment(s) by staff while on the field trip?	☐ Yes ☐ No	Date:
Reviewed medication policy with teacher/staff:	☐ Yes ☐ No	Date:
First Aid packet/supplies given to staff going on field trip:	☐ Yes ☐ No	Date:
**Medication(s) given to teacher/staff in prescription envelope prepared by school nurse:	☐ Yes ☐ No	Date:
After field trip: Was the medication/treatment given by the teacher? If No, explain why:	☐ Yes ☐ No	
Was medication envelope returned if not given?	☐ Yes ☐ No	
Notes:		

**According to [Board Rule 225.11\(1\)](#), a RN may delegate the administration of medications from a daily reminder pill container. This rule section also applies to RNs who delegate medication administration to UAPs in the school setting when there is from a properly labeled unit dosage container filled by a registered nurse or another qualified district employee.

Thus, the **RN may prepare unit dose medications in a separate container for the designated UAP to administer. There are training requirements stipulated in the rule and it is strongly advised that the RN label the medication including such information as the name of the medication, student's name, dose, time to be administered, and route and adverse effects which may be associated with the medication.**

Although it is beyond the purview of the BON, [Texas Education Code, Chapter 22, Section 22.052](#) grants immunity from liability to school district employees, as long as current district policy is followed, have a signed parental consent form and the medication appears to be in the original container or single dose container.

Student Meal Advance Form

SHARYLAND INDEPENDENT SCHOOL DISTRICT Student Meal Advances



Date	Check#	Payee	Reason	Amount
			Student meals	
ALL RECEIPTS MUST ACCOMPANY THIS FORM AND BE TURNED IN TO THE BUSINESS OFFICE UPON RETURN OF EVENT			Total:	\$
			Less: Receipts (detailed below)	
			Less: Deposits (return monies)	\$
			Variance Amount	\$
			Variance Explanation:	

Attach receipts to the back of the form.

Date	Payee	Amount
Total receipts		\$

Student Meal Allowance Signature Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT
Student Meal Allowance Signature Sheet



Event: _____

Date: _____

Check No.: _____

Sponsor: _____

I certify that the above expenses are true and correct and any advance greater than the expense incurred will be returned to the district.

ID No.	Student Name	Meal Allowance Amount	Signature	Date