

# 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	
9		31	
10		32	
11		33	
12		34	
13		35	
14		36	
15		37	
16		38	
17		39	
18		40	
19		41	
20		42	
21		43	
22		44	