



MISSOURI STATE UNIVERSITY

UNIVERSITY-SANCTIONED GROUP TRAVEL/MEAL MONEY

Receipts must be obtained and attached for amounts greater than **\$30.00**.

TO BE COMPLETED BY FULL-TIME FACULTY/STAFF ONLY:

I, _____, attest that, in accordance with travel regulations,
\$ _____ has been distributed to each of the following individuals:

(PLEASE PRINT)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

At a rate of \$ _____ per day/or \$ _____ per meal for the dates of _____.

Signature

Date

TO BE COMPLETED BY STUDENTS ONLY:

1. I, _____, attest that I have read the above information regarding money for meals, that all blanks are properly completed, the information is correct, and I have received \$ _____.

Signature

Date

2. I, _____, attest that I have read the above information regarding money for meals, that all blanks are properly completed, the information is correct, and I have received \$ _____.

Signature

Date

3. I, _____, attest that I have read the above information regarding money for meals, that all blanks are properly completed, the information is correct, and I have received \$ _____.

Signature

Date

4. I, _____, attest that I have read the above information regarding money for meals, that all blanks are properly completed, the information is correct, and I have received \$ _____.

Signature

Date

5. I, _____, attest that I have read the above information regarding money for meals, that all blanks are properly completed, the information is correct, and I have received \$ _____.

Signature

Date

6. I, _____, attest that I have read the above information regarding money for meals, that all blanks are properly completed, the information is correct, and I have received \$ _____.

Signature

Date