



MISSOURI STATE UNIVERSITY
UNIVERSITY-SANCTIONED GROUP TRAVEL/MEAL MONEY

Receipts must be obtained and attached for amounts greater than \$10.00.

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