

MISSOURI STATE UNIVERSITY™
FINANCIAL SERVICES
TEAM TRAVEL/MEAL MONEY

TO BE COMPLETED BY 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 _____