

Name of Faculty/Staff Advisor distributing meal allowance:

Name.	description	, and date(s)	of travel	/event:
· · · · · · · · · · · · · · · · · · ·	acscription	, and date(5)	oi tiavei	,

## Date funding is being distributed:

Recipient name + 900- number	Allowance total (\$5-\$25)	Recipient's signature
("Tab" three times to add more times)		

**Recipient:** By signing this form, you are verifying that you received the specified amount of money on the date indicated above for the purpose of meal coverage during your Moorpark College-sponsored student travel.

Total amount of funds distributed to recipients on this date: \$			
Authorized signature:	Date:		