

**Moorpark College Student Travel**  
**Meal Allowance Form***Submit one form for each day of travel*

**Name of Faculty/Staff Advisor distributing meal allowance:**

**Name, description, and date(s) of travel/event:**

**Date funding is being distributed:**

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| --- | --- | --- |
| **Recipient name + 900- number** | **Allowance total ($5-$25)** | **Recipient’s signature** |
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| (“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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please submit one form for each day of travel.*