

**Student Travel** **Meal Allowance Form**

**Name of faculty/staff advisor distributing meal allowance:**

[Insert advisor name here]

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

[Insert summary of travel]

**Date funding is being distributed:**

[Insert travel date]

|  |  |  |
| --- | --- | --- |
| **Person receiving allowance** | **Daily meal allowance** | **Recipient’s signature** |
| [Insert student name & 900 number] | $[Insert per diem amount] |  |
| [Insert student name & 900 number] | $[Insert per diem amount] |  |
| [Insert student name & 900 number] | $[Insert per diem amount] |  |
| [Insert student name & 900 number] | $[Insert per diem amount] |  |
| [Insert student name & 900 number] | $[Insert per diem amount] |  |
| [Insert student name & 900 number] | $[Insert per diem amount] |  |
| [Insert student name & 900 number] | $[Insert per diem amount] | *Add additional rows as needed* |

***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.*