



ASSOCIATED STUDENT ORGANIZATION
MEAL MONEY REQUEST (students only)

Date _____

Make check payable to _____

Name

Address

Amount \$ _____ For _____

Organization _____

Conference _____ Date of Event _____

Location _____

Purpose of Event _____

Person making request _____

Date check needed by _____

Number of meals for each

| DATE(S) | Breakfast \$13 Trip before or at 8 am | Lunch \$15 Trip between 8:00 am and 12 pm | Dinner \$20 Trip after 12 pm | Total Amount |
|----------------|--|--|---|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Include supporting documents: Absent request, conference information, etc.

Student Representative

Club Advisor

Student Life Coordinator/ASO Advisor

Vice President of Student Services

Check Number _____

Date of Check _____



ASSOCIATED STUDENT ORGANIZATION
MEAL MONEY RECEIPT

Date _____

Name of Conference _____

DATE(S) of Conference _____ to _____

Location of Conference _____

Conference Sponsored by: _____

MEALS COVERED FOR EACH DAY (Total each student received per day)

| DATE(S) | Breakfast \$6 | Lunch \$7 | Dinner \$10 | Total |
|----------------|--------------------------|----------------------|------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

The chart reflects the amount of money I received each day for meals.

PRINT NAME

SIGNATURE

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

MEAL RECEIPTS WITH STUDENT SIGNATURES MUST BE TURNED IN TO THE STUDENT LIFE OFFICE (G-11) IMMEDIATELY FOLLOWING THE EVENT.