



ASSOCIATED STUDENT ORGANIZATION

**MEAL MONEY REQUEST**

**SUBMIT AT LEAST 5 DAYS BEFORE A FIELD TRIP WITH SUPPORTING DOCUMENTS**

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**

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

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 \_\_\_\_\_



**TAFT COLLEGE**  
WEST KERN COMMUNITY COLLEGE DISTRICT

**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 \$13	Lunch \$15	Dinner \$20	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 ASO MAILBOX  
LOCATED IN THE MAIL ROOM BEHIND THE CAFETERIA.**