

STUDENT GROUP MEAL RECEIPT FORM



Marshall University
 Accounting Office
 Room 203, Old Main
 Huntington, WV 25755
 Phone: 304-696-6488 Fax: 304-696-3289

Travel Order #	
Date Prepared	
Page	of

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
						I certify that I received these funds for meals.
TOTAL						X

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
						I certify that I received these funds for meals.
TOTAL						X

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