

**STUDENT GROUP MEAL RECEIPT FORM**



Marshall University  
Accounting Office  
Room 203, Old Main  
Huntington, WV 25755

Phone: 304-696-6488 Fax: 304-696-3289

<b>Travel Order #</b>		
<b>Date Prepared</b>		
<b>Page</b>		<b>of</b>

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
					\$0.00	I certify that I received these funds for meals.
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$0.00	<b>X</b>

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
					\$0.00	I certify that I received these funds for meals.
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$0.00	<b>X</b>

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
					\$0.00	I certify that I received these funds for meals.
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$0.00	<b>X</b>

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
					\$0.00	I certify that I received these funds for meals.
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$0.00	<b>X</b>

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
					\$0.00	I certify that I received these funds for meals.
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$0.00	<b>X</b>

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
					\$0.00	I certify that I received these funds for meals.
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>TOTAL</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>X</b>

PRINTED NAME	DATE	B	L	D	TOTAL	SIGNATURE
					\$0.00	I certify that I received these funds for meals.
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$0.00	<b>X</b>