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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