



ATHLETICS MEAL FORM

Dates of Trip: _____ Location: _____

Purpose of Trip: _____

Coach: _____ Team: _____

Please attach a team roster listing all coaches, staff, and athletes that participated in meals.

Fill out the following for each day of travel: (List any exceptions of people on the roster that did NOT attend certain meals, or people NOT on the roster that attended certain meals). Attach additional pages if needed.

Date _____
Breakfast (circle one) Per Diem Actual
 Exceptions _____
Lunch (circle one) Per Diem Actual
 Exceptions _____
Dinner (circle one) Per Diem Actual
 Exceptions _____

Date _____
Breakfast (circle one) Per Diem Actual
 Exceptions _____
Lunch (circle one) Per Diem Actual
 Exceptions _____
Dinner (circle one) Per Diem Actual
 Exceptions _____

Date _____
Breakfast (circle one) Per Diem Actual
 Exceptions _____
Lunch (circle one) Per Diem Actual
 Exceptions _____
Dinner (circle one) Per Diem Actual
 Exceptions _____

Date _____
Breakfast (circle one) Per Diem Actual
 Exceptions _____
Lunch (circle one) Per Diem Actual
 Exceptions _____
Dinner (circle one) Per Diem Actual
 Exceptions _____

Additional meal participants paid for with University Funds (OTHER than coaches, staff, and athletes):

*A receipt from the Cashier's Office showing reimbursement to the University for these meals is required before reimbursement for this meal will be given.

1. _____ 2. _____

Traveler's/Purchaser's Printed Name: _____ T#: _____

Traveler's/Purchaser's Signature: _____ Date: _____

Approving Authority's Printed Name (Director of Athletics): _____

Approving Authority's Signature: _____ Date: _____