Office Use Only

Petty Cash #: _____
Number of Students: _____
Total Amount of Petty Cash $ _____

Student Meal Money Receipt Form

Function of Event: _____

Departure Date: _____ Return Date: _____

Responsible Party: _____
(Name)

Campus Mailing Address: _____ E-Mail: _____ Phone #: _____

My Signature Below is Verification that I Received $ _____ to Cover Meals for the Above Mentioned Function.

Signature	***CIT Number***

*** Turn In Meal Money and Other Cash Receipts to Treasurer's Office within three (3) Days of Return to Campus. Special Orders will be Disapproved until All Receipts are in; No Petty Cash will be Issued Until All Receipts Are In.**