



Auxiliary Organizations of CSUMB
MEALS ALLOWANCE DISTRIBUTION GROUP TRAVEL

Trip Dates: _____

Group Leader: _____

Group Name: _____

	PRINT NAME	SIGNATURE	TOTAL RECEIVED	DATE
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____
5.	_____	_____	\$ _____	_____
6.	_____	_____	\$ _____	_____
7.	_____	_____	\$ _____	_____
8.	_____	_____	\$ _____	_____
9.	_____	_____	\$ _____	_____
10.	_____	_____	\$ _____	_____
TOTAL:			\$ _____	

ATTACH THIS COMPLETED FORM TO THE TRAVEL EXPENSE CLAIM.

Group Leader certifies that the meals allowance distribution is a true and actual travel expense in accordance with the applicable Auxiliary Organization procedures and that all expenses shown were for the official business of the Organization. If the group size exceeds ten (10), use additional copies of this form to accomodate the number of travelers.

Group Leader's Signature: _____

Date: _____