# University Corporation at Monterey Bay

# Roster of Participants

This roster is only intended to accompany a University Corporation Travel Expense Claim covering numerous travelers.

Date of the event: _____ Number of Participants (Staff, Faculty and Students): _____

Purpose of the Trip:

I certify by my signature below that I attended the above referenced event, that the person referenced as the custodian incurred the reported cost on my behalf and that I have not submitted a saparate reimbursement for expenses.

| Print the Name of the Traveler | Signature of the Traveler | Date Signed |
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Revised 09/2010