Student Life
SANTA FE COLLEGE

MEAL ALLOTMENT FORM

Rate Box	
Breakfast ($ 6 Max):	_____
Lunch ($11 Max):	_____
Dinner ($19 Max):	_____

Name of Group: _____

Event/Purpose:_____

Each participant must enter their SF ID number and sign below. Signature indicates receipt of all funds for (or benefit of) meals as shown.
Do not sign if you have not received the funds per the rate shown in the Rate Box, or the benefit of the meals as indicated below.

Student/Staff Name	SF ID Number	Date			Date			Date			Date			Date			Total $ Received*	Signature *(must be in ink)*
		B	L	D	B	L	D	B	L	D	B	L	D	B	L	D		
																	TOTAL:	

*If meals were purchased for the entire group, write "None" in this box and attach receipt(s).

I hereby affirm that this claim is true and correct, that expenses were actually incurred by the undersigned and by those who have signed above as necessary meal expenses for the event or purpose listed above. **I agree to return all unused funds to the SF Cashier within 3 business days following the conclusion of travel.**

_____ _____ _____
Advisor/Coach Name (*Printed)* Title Extension

_____ _____ _____
Advisor/Coach Signature Date Travel #

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