

SOUTH MOUNTAIN COMMUNITY COLLEGE

STUDENT ACTIVITY TRIP RECEIPT – MEALS

Campus: _____ Activity: _____

Date & Time – Departure: _____ Destination _____
City & State

Date & Time – Arrival: _____ Budget Code _____

The following members of this activity have received cash for meals:

Name	Date _____ Amount	Date _____ Amount	Date _____ Amount	Date _____ Amount	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Totals					Total of receipt \$

Signature of Faculty Supervisor

Food Allowance

Breakfast: \$ 7.00
 Lunch 7.50
 Dinner 15.00

- Breakfast: a. When departure from official station is before 8:00 a.m.
 b. When arrival at official station is after 8:00 a.m.
- Lunch: a. When departure from official station is before 11:30 a.m.
 b. When arrival at official station is after 11:30 a.m.
- Dinner: a. When departure from official station is before 7:00 p.m.
 b. When arrival at official station is after 6:00 p.m.

There shall not be any food allowance when meals are provided by the airline.