



MEALS ALLOWANCE DISTRIBUTION GROUP TRAVEL

University Hall 360
Phone: (818) 677-2945
Fax: (818) 677-4581
Mail Code: 8202

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 meals allowance distributed is a true and actual travel expense in accordance with the applicable California State University, Northridge procedures and that all expenses shown were for the official business of the University.

Group Leader's Signature: _____

Date: _____