

# FLORENCE INDEPENDENT SCHOOL DISTRICT

## Meal Money Received Form - Travel

Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

DATE: \_\_\_\_\_

Destination: \_\_\_\_\_

### Meals:

(Receipts not required)

Breakfast: \$5.00    Lunch: \$10.00    Dinner: \$15.00

Total traveling \_\_\_\_\_ x Meal Money Total for Each \_\_\_\_\_ \$ \_\_\_\_\_ -

The total number of meals for each person x meal money total for each = The total amount of money for each person.

**NOTE: EACH PERSON MUST SIGN BELOW FOR MONEY RECEIVED.**

	Name	Amount Received
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____
31	_____	_____
32	_____	_____

TOTAL MONEY RECEIVED BY STUDENTS AND SPONSORS	
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TOTAL AMOUNT ISSUED TO THE SPONSOR	
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MONEY RETURNED TO THE BUSINESS OFFICE	
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**RETURN THIS FORM TO THE BUSINESS OFFICE**