SOUTHWEST
MINNESOTA STATE UNIVERSITY

TEAM TRAVEL MEAL RECEIPT FORM

Team: _____

Date of Trip: _____

Destination: _____

Each student signing below hereby acknowledges receipt of $_____ for meal money on the above referenced trip.

Student Name (*printed*)	Student Signature

I, _____, acknowledge receipt of $_____ total and distributing the meal money as signed for by each student above.

_____

Coach's Printed Name Coach's Signature Date