

Eastern Washington University GROUP TRAVEL ROSTER AND RECEIPT

TA No. _____

Group Leader Name _____, **Title** _____

The following individuals are traveling as a group to _____ (destination) departing on _____ (date) at _____ (time) and returning _____ (date) at _____ (time).

Instructions: Use this form as a roster to indicate individuals traveling together with a sponsor, and as a receipt for meal allowances provided to each group member. Complete this form for each day a meal allowance is provided. In the space provided below, enter group member names and their relationship to EWU. Ask group members to sign for receipt of amount provided. Recipient's signature, amount, and date certifies that s/he received the stated amount for the purpose of purchasing meals. Attach additional copies of this form as needed.

Note: Meal expenses for each day cannot exceed the state meal rate. Use place of lodging to determine state meal allowance rate, except on day of return use place of prior night's lodging. Travelers must be in travel status during the entire meal period to receive meal allowance: Breakfast 7 – 8 a.m., Lunch 12 – 1 p.m., Dinner 6 – 7 p.m.

Meal Allowance is provided for _____ (date) for the following meals (Check all that apply): Breakfast Lunch Dinner

*** (To be signed by Recipient) ***

	TYPED OR PRINTED NAME	Role / Relationship (e.g., team player)	SIGNATURE	Date Signed	Total \$ 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.					
Total					

Comments: _____

