

MEAL CERTIFICATION FORM

Campus/Department: _____

Traveler Name: _____

Dates of Travel: _____

Travel Request ID: _____

Meal Advancement Amount: _____ **Amount Spent on Meals:** _____

Amount Owned to District: _____

_____ All money advanced was fully exhausted over the period of my travel.

_____ Not all money advanced was fully exhausted over the period of my travel. Amount will be recorded on the Expense Report and returned to the district.

I certify the selected statement is true and correct to the best of my knowledge.

Traveler Signature: _____

Date: _____