

MEAL STIPEND ROSTER

This form should only be used by those who have had prior approval from the Business Affairs Office.

Money Advanced to: _____ Advance Amt. _____

Date of Event: _____ Location of Event: _____

\$ Amt. of Stipend per person _____

ROSTER – Please have individuals sign and print name.

NAME (Please print)	NAME (Signature)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

TOTAL # STUDENTS X _____ STIPEND = TOTAL _____