MEAL STIPEND ROSTER

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

3	Money Advanced to:	Advance Amt
ROSTER – Please have individuals sign <u>and</u> print name. NAME (Please print) NAME (Signature) NAME (Signature) NAME (Signature) NAME (Signature) NAME (Signature) NAME (Signature)	Date of Event:	Location of Event:
NAME (Please print) 1	\$ Amt. of Stipend per person	
1.	ROSTER - Please have individuals	sign <u>and</u> print name.
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.	NAME (Please print)	NAME (Signature)
3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.	1	
4	2	
5.	3	
6	4	
7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 19.	5	
8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.	6	
9	7	
10	8	
11	9	
12	10	
13	11	
14	12	
15	13	
16	14	
17	15	
18 19	16	
19	17	
	18	
20	19	
	20	
TOTAL # STUDENTS X STIPEND = TOTAL		