



University of North Dakota Athletics
Meal Expense Form For Team
(FOR ATHLETIC TEAM TRIP TRAVEL ONLY)

TEAM SPORT:_____

THIS IS TO STATE THAT I RECEIVED THE SUM OF \$_____ FROM COACH
_____FOR MEAL AND/OR MEALS WHILE ON A SCHEDULED ATHLETIC

TRIP TO:_____ON_____.
(CITY AND STATE) (DATE)

DATE:_____	MEALS:B \$_____	L:\$_____	D:\$_____	PG:\$_____
DATE:_____	MEALS:B \$_____	L:\$_____	D:\$_____	PG:\$_____
DATE:_____	MEALS:B \$_____	L:\$_____	D:\$_____	PG:\$_____
DATE:_____	MEALS:B \$_____	L:\$_____	D:\$_____	PG:\$_____

NAME (PLEASE TYPE)

SIGNATURE
