



# Mott Community College Club Per Diem Meal Expense



Club Name \_\_\_\_\_

Advisor Name \_\_\_\_\_

Club President Name \_\_\_\_\_

Person Seeking Meal Expense Funds \_\_\_\_\_  
(must be Advisor or Chaperone) Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip Code

\_\_\_\_\_ Telephone Number

Trip Date/Location \_\_\_\_\_

Per Diem Meal Expense		# of People for meal expense		# of Days		Total Meal Expense
Breakfast	\$5.00	X	_____	X	_____	= _____
Lunch	\$8.00	X	_____	X	_____	= _____
Dinner	\$15.00	X	_____	X	_____	= _____
<b>Total Meal Expense:</b>						_____

\_\_\_\_\_  
Signature of Advisor of Club

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student Life Activities Coordinator

\_\_\_\_\_  
Date

Expense Category \_\_\_\_\_

Account # \_\_\_\_\_

Req. No. \_\_\_\_\_

Date \_\_\_\_\_