

LOS ANGELES COMMUNITY COLLEGE DISTRICT
RECEIPT FOR MEAL EXPENSES - STUDENT TRAVEL

COLLEGE _____ **CHECK #** _____

DATE _____ **ADVANCE AMOUNT** _____

		Qty	\$	\$
ACTIVITY _____	EXPENSE:	Trasportation		
		Lunch		
		Dinner		
LOCATION _____		Snack		

TOTAL 0.00

LESS ADVANCE 0.00

AMOUNT RETURNED 0.00

NAME

SIGNATURE

1	_____	_____
2	_____	_____
3	_____	_____
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19	_____	_____
20	_____	_____