**Meal Per Diem Signature Sheet**

**By signing below, I acknowledge that I received per diem for the days listed below while attending the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ trip.**

**TA Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CWU Traveler Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Date(s)** | **Per Diem Amount Per Day** |
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**Total Per Diem $$ Issued to Each Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Printed Name** | **Signature** |
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