



MEDICAL CENTER CAMPUS
HIALEAH CAMPUS

☐ KENDALL CAMPUS
☐ HOMESTEAD CAMPU

 $\square$  WOLFSON CAMPUS





## Vertification for Receipt of Meals Form

	Faculty / Staff Sponsors and students signing below do verify their presence and acknowledge receipt of three mea where applicable from departure to return.  The roster listed below is for students traveling to:					
	Destination  Date(s) of Event		Event Organization			
						Student Name
	Sponsor Name	Soc	ial Security #	Sponsor Signature		