

# LSU COMPLIANCE

## TAILGATE MEAL RECEIPT

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\_\_\_\_\_  
Sport / Department

\_\_\_\_\_  
Total Cost

\_\_\_\_\_  
Cost per Person

\_\_\_\_\_  
Caterer

\_\_\_\_\_  
Date

Attendee	Amount Paid	Form of Pay	Guest Signature

*My signature below certifies that I have received remuneration as indicated above from the persons listed to cover his/her meal expenses.*

\_\_\_\_\_  
Coach/ Designee Name

\_\_\_\_\_  
Coach/ Designee Signature