

# LSU COMPLIANCE

## PROSPECT UNOFFICIAL / OFFICIAL VISIT MEAL TRACKING FORM

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Name / Location

How Paid?  Direct Billed  LaCarte

Personal CC  Other \_\_\_\_\_

\_\_\_\_\_  
Date of Meal

Meal Provided?  Breakfast  Lunch

Dinner  Other \_\_\_\_\_

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

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

Each PSA / guest who is required to pay for a meal must do so prior to eating the meal and must be receipted. Submit copies of restaurant's itemized receipt and this form to business office with voucher.

Name of Attendee	Title/ Relationship	PSA	Did Not Eat	Notes (i.e. paid restaurant directly)

Receipt (Attach Here)

*I attest that the above listed information is true and accurate for reimbursement & record purposes*

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

\_\_\_\_\_  
Date