

Dining Services Department Charge

| | |
|------------------------|------------------------|
| | |
| <i>Department Name</i> | <i>Accounting Unit</i> |

Primary purpose for this charge:

| | <i>Please check one:</i> | FACULTY & STAFF | GUEST MEAL |
|---|------------------------------------|--|------------|
| ATTENDEES: please print names below | <input type="checkbox"/> Breakfast | \$6 | \$9 |
| | <input type="checkbox"/> Lunch | \$8 | \$12.50 |
| | <input type="checkbox"/> Dinner | \$11 | \$14.50 |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| 10) | | | |
| <i>Continue on back if more space is needed</i> | | <i>Please check appropriate box above for each guest</i> | |

Signature / print name _____
Date

**Signature - Department Chair
or Accounting Unit Authority**

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Signature / print name _____
Date

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