### Dining Services Department Charge

**Department Name**

**Accounting Unit**

(& activity if applicable)

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**Primary purpose for this charge:**

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<table>
<thead>
<tr>
<th>Please check one:</th>
<th>FACULTY &amp; STAFF</th>
<th>GUEST MEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$5</td>
<td>$9</td>
</tr>
<tr>
<td>Lunch</td>
<td>$7</td>
<td>$12</td>
</tr>
<tr>
<td>Dinner</td>
<td>$10</td>
<td>$14</td>
</tr>
</tbody>
</table>

**ATTENDEES:**

Please print names below:

1) [ ]
2) [ ]
3) [ ]
4) [ ]
5) [ ]
6) [ ]
7) [ ]
8) [ ]
9) [ ]
10) [ ]

Continue on back if more space is needed

Please check appropriate box above for each guest

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**Signature / print name**

**Date**

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**Signature - Department Chair**

or [Accounting Unit Authority]

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**Signature - Department Chair**

or [Accounting Unit Authority]