



Dining Services Department Charge

Department Name

Accounting Unit
(& activity if applicable)

Primary purpose for this charge:

		<i>Please check one:</i>	FACULTY & STAFF	GUEST MEAL
ATTENDEES: please print names below		<input type="checkbox"/> Breakfast	\$5	\$9
		<input type="checkbox"/> Lunch	\$7	\$12
		<input type="checkbox"/> Dinner	\$10	\$14
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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