

**Dining Services Department Charge**

<i>Department Name</i>	<i>Cost Center</i>	<i>Optional Program</i>
<i>Primary purpose for this charge:</i>		

	<i>Please check one:</i>	FACULTY & STAFF	GUEST MEAL
<b>ATTENDEES:</b> <small>please print names below</small>	<input type="checkbox"/> Breakfast	\$6.25	\$9.50
	<input type="checkbox"/> Lunch	\$8.25	\$13
	<input type="checkbox"/> Dinner	\$11.50	\$15
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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