

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
ATTENDEES: please print names below	<input type="checkbox"/> Breakfast	\$6.50	\$10.00
	<input type="checkbox"/> Lunch	\$8.50	\$13.50
	<input type="checkbox"/> Dinner	\$12.00	\$15.50
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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