



Dining Services Department Charge

Department Name			Accounting Unit	
Primary purpose for this charg	re:			
	Blaces at a street	FACULTY & STAFF	GUEST MEAL	
	Please check one: Breakfast	\$6	\$9	
ATTENDEES:	Lunch	\$8	\$12.50	
please print names below	Dinner	\$11	\$14.50	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Continue on back if more space is needed. Please check		Please check a above for e		
Signature / print name			Date	
Signature -	Department Chair	•		

or Accounting Unit Authority

MOUNT HOLYOKE COLLEGE

Dining Services Department Charge

Department Name Acco		Account	ounting Unit	
Primary purpose for this charg	ge:			
	Please check one:	FACULTY & STAFF	GUEST MEAL	
ATTENDEES:	Breakfast Lunch	\$6 \$8	\$9 \$12.50	
please print names below	Dinner	\$11	\$14.50	
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		
Signature / print name			Date	
_	Department Chair			