

### Dining Services Department Charge

*Department Name*

*Accounting Unit*

*Primary purpose for this charge:*

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	<i>Please check one:</i>	FACULTY & STAFF	GUEST MEAL
<b>ATTENDEES:</b> please print names below	<input type="checkbox"/> Breakfast	\$6	\$9
	<input type="checkbox"/> Lunch	\$8	\$12.50
	<input type="checkbox"/> Dinner	\$11	\$14.50
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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\_\_\_\_\_  
*Signature / print name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Signature - Department Chair  
or Accounting Unit Authority**