

Faculty/Staff 25 Meal Plan Application 2009-2010

Name: _____

RUID #: _____

State Employee ID #: _____

Campus Phone: _____ Campus PO Box: _____

Payment Method: *Cash:* ___ *Check:* ___ or *Payroll Deduction:*

Faculty Staff Salary ___

Adjunct Faculty ___

Wage ___

I authorize four payroll deductions to purchase the F/S 25 Meal Plan at a total cost of

1 Set of 25 Meals at \$130.00

2 Sets of 25 Meals at \$260.00

3 Sets of 25 Meals at \$390.00

I understand that these will occur in Four Deductions of \$32.50 per each set of 25 meals.

I understand the F/S 25 Meal Plan is non-refundable.

Signature: _____ Date: _____