

Faculty/Staff 25 Meal Plan Application 2011-2012

Name: _____

RUID #: _____

State Employee ID #: _____

(Payroll Deduction CANNOT be processed without this number)

Campus Phone: _____ Campus PO Box: _____

Payment Method: *Cash: Check:*

Payroll Deduction:

Faculty Staff Salary

Adjunct Faculty

Wage

Note: Payroll Deduction only available 2 weeks prior to Fall and Spring Semesters.

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

1 Set of 25 Meals at \$140.00

2 Sets of 25 Meals at \$280.00

3 Sets of 25 Meals at \$420.00

I understand that these will occur in Four Deductions of \$35.00 per each set of 25 meals. I understand that the F/S 25 Meal Plan is non-refundable.

Signature: _____ Date: _____