

Faculty/Staff 25 Meal Plan Application 2017-2018

Name: _____ RUID #: _____

State Employee ID #: _____ Campus Phone: _____ Campus PO Box: _____

Payment Method: *Cash:* ___ *Check:* ___

or *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 \$169.00

2 Sets of 25 Meals at \$338.00

3 Sets of 25 Meals at \$507.00

I understand that these will occur in Four Deductions of \$42.25 per each set of 25 meals. I understand the F/S 25 Meal Plan is non-refundable.

Signature: _____ Date: _____