HOCH-SHANAHAN DINING COMMONS
Interdepartmental Charge Authorization

Department: _____ **Authorization Date:** _____

Workday Worktags	Fund (Required)	Cost Center (Required)	Program	Project	Gift	Grant
Business Purpose:						

Approval Name: _____

AUTHORIZED SIGNATURE AND ACCOUNT NUMBER MUST BE PROVIDED								
	HMC Fac /Staff			Student Guest				
Meal Date	Meal B	L	D	Meal B	L	D	Diners Name (Please Print)	Signature

FOR OFFICE USE ONLY

Total Meals							HMC Fac. /Staff	Extended Total/Meal	Student/ Guest	Extended Total/Meal		
Breakfast							$ 6.75		$ 11.25		Subtotal	
Lunch							$ 8.50		$ 14.25		Tax	
Dinner							$ 10.25		$ 17.25		Total	