



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						
Meal Date	HMC Fac /Staff			Student Guest		
	B	L	D	B	L	D
				Diners Name (Please Print)		Signature
(Please ck box above)				ONLY ONE DINER AND ONE MEAL PER PASS		

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	