CLEMSON
DINING SERVICES

CAMPUS DINING REQUISITION

PRESENT COMPLETED FORM TO CASHIER

Date:	Time:
Dining Location:	
Name of Department:	Dept. #:
Name of Person Requesting Dining Services:	
Campus Address:	
Campus Phone:	

Name of Event/Function:	# of Guests:
Business Purpose:	
Name Of University Employee(s) or Specific University Group Attending Event/Function:	

CUBS CHART FIELD TO BE BILLED:

(__ __ - __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ - __ __ __ __ __ __ __)*

Name of Dept. Chair, Principle Investor, or Funds Administrator:

Signature: Date:

DINING SERVICE PROVIDED:

MEAL SUBTOTAL_____
TAX _____
GRATUITY _____

TOTAL _____

Name of Person:	
Signature:	Date:
Dining Services Representative:	

***NOTE IF E&G OR OTHER STATE FUNDS ARE BEING USED, MAKE SURE STATE AND UNIVERSITY POLICY ALLOWS FOR THIS EXPENDITURE. CONTACT YOUR BUSINESS OFFICE IF YOU HAVE ANY QUESTIONS.**