

CHAPTER MEAL PLAN ADJUSTMENT FORM

Chapter Name _____ Date of Completion _____ Date received by Greek Affairs _____

The following is a list of students **NOT** living in the chapter but requesting to secure meals in the chapter. Only students who purchased a BGSU Dining meal plan **this semester** should complete this form. The officers verify with their signature at the bottom of each page that the information is complete and accurate.

Printed name of Chapter President _____ Phone _____ Printed name of Chapter Treasurer _____ Phone _____

Please turn this form in to the Office of Residence Life/Greek Affairs by February 19, 2010. This office will forward the form to BGSU Dining. **If you have any questions, please contact BGSU Dining at 372-7933. Please do NOT write on the back of this form or place information in a non-designated area of this page. Use white paper only please and use black or blue pen only. This is an official document – be neat.**

COMPLETE ONLY IF YOU PURCHASED A BGSU DINING MEAL PLAN THIS SEMESTER

BGSU DINING, ACCOUNTING OFFICE USE ONLY

Print Name Legibly	BGSU ID # ONLY SS# not acceptable	Student's Signature	House Meal Plan	START BALANCE	AMOUNT OFF	NEW BALANCE
	0		\$			
	0		\$			
	0		\$			
	0		\$			
	0		\$			
	0		\$			
	0		\$			
	0		\$			

Signature of Chapter President _____ Signature of Chapter Treasurer _____ Page ____ of ____

----STOP---- **BGSU DINING, ACCOUNTING OFFICE USE ONLY:** Please prepare a check for the amount of \$ _____ to be made payable to _____, small living unit from balance sheet Account Number _____.

BGSU Dining Authorized Signature _____ Date _____ Page ____ of ____