

**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 unit. Only students who purchased a University Dining Services meal plan **this semester** should complete this form. The officers verify with their signature at the bottom of this form, that this listing 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 \_\_\_\_\_. The Office of Residence Life/Greek Affairs will forward the form to University Dining Services. **If you require extra forms or have any questions, please contact University Dining Services at 372-7933. Please do not write on the back of this form or place information in a non-designated area of this page. White paper only please.**

**COMPLETE ONLY IF YOU PURCHASED A UNIVERSITY DINING SERVICES MEAL PLAN THIS SEMESTER**

**UNIVERSITY DINING SERVICES USE ONLY**

Print Name Legibly	P0# ONLY SS# not acceptable	Student's Signature	House Meal Plan	START BALANCE	AMOUNT OFF	NEW BALANCE
	P0		\$			
	P0		\$			
	P0		\$			
	P0		\$			
	P0		\$			
	P0		\$			
	P0		\$			
	P0		\$			

\_\_\_\_\_  
 Signature of Chapter President Signature of Chapter Treasurer Page \_\_\_\_ of \_\_\_\_

**UNIVERSITY DINING SERVICES OFFICE USE ONLY:** Please prepare a check for the amount of \$ \_\_\_\_\_ to be made payable to \_\_\_\_\_, small living unit from balance sheet Account Number \_\_\_\_\_.

University Dining Services Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_