



GROUP MEAL VOUCHER

ISSUE DATE: _____ FUND: _____ DEPTID: _____ CLASS: _____
Voucher expires 7 days from this date

ISSUED TO: _____ DATE REDEEMED: _____
Print Name

To Cashier: Issued to & Authorized by ***CANNOT*** be same person

AUTHORIZED BY: _____
Print Name of Approving Official Signature of Approving Official

BUSINESS PURPOSE: _____

Signatures of Group Participants. CMA staff person will obtain original signatures next to printed name prior to presenting to cashier (attach additional pages if necessary):

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Meal vouchers have no monetary value unless and until redeemed at a campus dining facility

- Food Service Cashier:
- 1) Record sale for meal
 - 2) Charge using appropriate Dept Key
 - 2) Attach cash register receipt