

MARYWOOD UNIVERSITY
DEPARTMENTAL DINING CHARGE AUTHORIZATION

Date: _____

Department: _____

Budget #: _____

XX.XX.XXXXXX.53485.XX

Purpose of request to use budget funds at dining services:

Attendees (all must be listed prior to approval):

Staff	Guest	Guest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by: _____

Approved by: _____

Number of Guests Approved: _____