

Please transfer funds from: _____
Department/Organization Name

PLU Banner Account # _____
Please provide complete account #

For food charges on: _____ in the total amount of \$ _____
Date

Reason for expense: _____
(example: Faculty Search lunch, Dept. mtg.)

People/Group present: _____
List individuals or group name

Approved by authorized budget head: _____
PRINTED Name of budget head

Signature of budget head: _____



*The ability to charge a PLU department is a service provided by the University Scholars Association to its members. Properly filling out this form is vital for the accounts to be charged correctly.
Thank you for supporting UH lunch service!*