

Faculty / Staff Meal Plan Registration Form

Name: _____

Employee number: _____

Phone: _____ Email: _____

Meal Plan Options (check one)

- 10 meals for \$ 57.50 (\$5.75 per meal)
- 20 meals for \$110.00 (\$5.50 per meal)
- 40 meals for \$210.00 (\$5.25 per meal)
- 80 meals for \$400.00 (\$5.00 per meal)

Call Dining Services:
4-1187

Fax to Dining Services:
4-5703

Scan and e-mail to Dining Services:
dine@ithaca.edu

PLEASE DO NOT E-MAIL A PHOTO OF THIS FORM

There will be no refund on unused meals if you leave your employment at Ithaca College.

Payment Method

- Cash
- Check
- Credit card (please pay in person)



____ Payroll deduction: (check one) **Bi-weekly** _____ **Semi-Monthly** _____
(every 2 weeks) (15th and last day of each month)

I authorize the Ithaca College Payroll office to deduct \$_____ (divide total by 1, 2, 3, or 4) from my paycheck **per pay period**, up to four consecutive payments.

(month and date)

Pay Date #1 ___ / ___ Pay Date #2 ___ / ___ Pay Date #3 ___ / ___ Pay Date #4 ___ / ___

Employee signature: _____

Date: _____



ITHACA COLLEGE

Dining Services