

**MARYWOOD UNIVERSITY**  
**DEPARTMENTAL DINING CHARGE AUTHORIZATION**

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Date: \_\_\_\_\_

Department: \_\_\_\_\_

Budget#: \_\_\_\_\_  
**XX.XX.XXXXXX.53485.XX**

Project ID: \_\_\_\_\_  
(N/A if not applicable)

Purpose of request to use budget funds at dining services:

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Attendees (all must be listed prior to approval):

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

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Number of Guests Approved: \_\_\_\_\_