

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

** 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: _____