

Department Hill Card Request

Date: _____

Individual Requesting Hill Dining Card: _____

Department Number/Cost Center to Charge Back _____ - _____

Anticipated Annual Spend _____

NAME ON CARD: _____

We typically put \$100 on the card, but you are only charged when it is used. Sodexo will invoice and your department will be charged.

Requestor's Signature: _____ Date: _____

Department Head Approval: _____ Date: _____

Division Head Approval: _____ Date: _____

Please forward the approved form to Purchasing, Duffy 030:

Department Use Only:

Card Number: _____

Card made by: _____