



## Meal Ticket Order Form

To order meal tickets, please complete this form and **email it to Nicole Johnson at [nicole.johnson@csus.edu](mailto:nicole.johnson@csus.edu) or fax it to (916) 278-3479** at least two weeks in advance of the requested pickup date.

Meal tickets are accepted at all campus eateries for the ticket value on its valid date(s).

Payment is due upon receipt of the meal tickets and must be paid by check, credit card, or an approved Purchase Order from the organization responsible for billing. The order total will consist of the value of the meal tickets and printing charges.

**Name of Your Group**

**Number of Meal Tickets Requested**

**Meal Ticket Value**

(Example: \$8.00 per ticket)

**Date(s) Meal Tickets Will Be Used**

  
mm

  
dd

  
yyyy

**through**

  
mm

  
dd

  
yyyy

**Meal Ticket Requested Pickup Date**

  
mm

  
dd

  
yyyy

**Billing Contact Name**

First Name

Last Name

**Billing Address**

Street Address, City, State, Zip

**Name of Person Authorized to Purchase Meal Tickets**

First Name

Last Name

**Phone**

Area Code

Phone

**Email**