DEPARTMENT CHARGE FORM - DINING

FOR UHD OFFICE USE ONLY

Department _____ Contact _____

Date of Event _____ Phone _____

Name of Event _____

☐ **MEALS**

Discounted group rate available. Total cost will be adjusted by UHD for those that qualify.

Select Location:
- ◯ Piazza
- ◯ Rialto

Select Meal/Quantity:
- ◯ Breakfast ($10.50) _____
- ◯ Lunch ($12.00) _____
- ◯ Dinner ($12.00) _____

Total $_____

ATTACH RECEIPT BELOW

☐ **RETAIL PURCHASE** Amount $_____

Select Location:
- ◯ Biscotti's
- ◯ Book Bistro
- ◯ Chats
- ◯ Essentials
- ◯ MU Food Court
- ◯ The MicroMarket

☐ **GIFT CARDS** Quantity_____ Amount Each $_____ Total $_____

☐ **DINING DOLLARS** Quantity_____ Amount Each $_____ Total $_____

Must include UNI ID # next to employee name in designated box below.

Business Purpose

Refer to Policy 9.43 and/or 13.07 for information pertaining to this expense.

- ◯ Interview/Recruitment - Staff (63210)
- ◯ Interview/Recruitment - Student (63220)
- ◯ Business Meeting (63230)
- ◯ Conference/Seminar/Workshop (63240)
- ◯ Other Hospitality (63270)
- ◯ Prizes/Gifts (66040)
- ◯ Other _____

Billing Account

Cost Center # _____ Fund # _____ Functional Classification # _____

Program # _____ Activity # _____

Grant # GR- _____ Foundation Acct # _____

List all individuals and their affiliation to the University *(include UNI ID if purchasing Dining Dollars)*

_____

_____

_____

_____

_____

_____

_____

_____

Cost Center Manager (Print Name)

_____

Cost Center Manager (Signature)

UNI / University of Northern Iowa
Housing & Dining
319-273-2333 / dining@uni.edu / uhd.uni.edu

Prices effective 8/1/25 - 7/31/26