



CONCORDIA UNIVERSITY

Meal Request for Work or Class Conflict

Name: _____ Meal Card # _____

Please check where applicable:

Work Conflict _____ Class Conflict _____
Employer _____ Class Name _____

(Please fill out Daily Menu Request Forms)

_____ Bag Breakfast
_____ Bag Lunch
_____ Bag Dinner

Days Needed: **M T W T F S S** (Circle Days Needed)

Beginning Date: _____ Ending Date: _____
(This must be a DATE!)

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IMPORTANT: PLEASE READ THE FOLLOWING TO MAKE SURE YOU UNDERSTAND THE AGREEMENT.

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1. By signing up for either a Sack Breakfast, Lunch or a Sack Dinner, you forfeit your right to eat that meal in the MAIN DINING ROOM, unless 48 hour notice is given to cancel the Sack Meal.
2. We reserve the right to discontinue services for **Lunches NOT PICKED UP.**
3. We require 36 hour notice prior to the start of either of the above plans.
4. All meal requests must be approved by a Manager and will not commence until after such approval.
5. Sack meals may be picked up in the main kitchen after 5pm on the prior day.

Student's Signature _____ **Date** _____

Mgr. Approval Date: _____

