

Meal Plan Replacement Credit Request



Instructions

- 1. Contact the Conference and Events Department to secure a location for the event.
- Complete and electronically submit this form to Kevin Murray in the Provider Food Service Office (<u>kmurray@hiu.edu</u>) Requests must be submitted a minimum of two (2) weeks prior to the date meals are needed.
- 3. Contact Provider Food Service Office (kmurray@hiu.edu) and arrange menu and details of the event.
- 4. Submit, via email (kmurray@hiu.edu) a final guarantee guest count for the event.
 - a. The final count must be submitted a minimum of seventy-two (72) hours prior to the date of the event.
- 5. Submit to Provider Food Service a Participant Roster.
 - a. Roster must be submitted electronically on a spreadsheet and include the name of the requesting department, date of the event, ID number, first name, and last name of all students for whom the meals are requested.
 - b. Rosters must be submitted within twenty-four (24) hours of the event; this is required in order to receive credit for the meal plan participants.
- 6. Upon completion, Provider Food Service will send out notification via email to the requesting department.

Billing

- 1. Catering contracts will reflect the full price for all attendees and the guaranteed guest count with a note that the student discount will be given at final billing along with the completed Meal Plan Replacement/Credit Roster.
- 2. The requesting department will be billed for all meals that cannot be deducted from a student meal plan account and meals provided to individuals who are not meal plan participants. The final bill will be based on the difference between the final count submitted and approved meal credits; this information will be noted on the final bill.

Please direct any questions to Kevin Murray, Director of Food Services, (kmurray@hiu.edu)

| Event Information | |
|-------------------------|---|
| Meal Date: (mm/dd/yyyy) | / / Day: Mon Tues Wed Thurs Fri Sat Sun |
| Department: | Cost Center #: Estimated # of Guests |
| Contact Name: | Telephone: |
| Program Name: | Location: |
| Set Up Time: | Event Start Date: |
| Food Served Time: | Event End Date: |
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