

GRAMBLING STATE UNIVERSITY/ARAMARK

CAMPUS DINING VOUCHER

Semester: _____

Date Issued: _____

Student's Name: _____

G Number: _____

Amount of Voucher/Amount to be withheld from refund \$ _____
(Minimum of \$100.00 required)

Student's Signature

Date

Accounting Office

Date

Campus Dining

Date

Voucher becomes effective the date meal plan is entered: _____

Date returned to accounting office: _____

Received By: _____