

**UNIVERSITY OF MARYLAND, COLLEGE PARK,**  
7093 Preinkert Drive, Bldg 26 South Campus  
College Park, Maryland 20742  
301-314-8068  
Attention: Dining Plan Office



**DEPARTMENT OF DINING SERVICES INVOICE**

INVOICE NUMBER \_\_\_\_\_

INVOICE DATE \_\_\_\_\_

**DINING HALL CARD REQUEST FORM**

**Off Campus (PrePaid)**

Originator \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Business Contact \_\_\_\_\_

Check    Credit Card   Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Card Request Information**

Meal Date(s) Beginning \_\_\_\_\_ Ending \_\_\_\_\_



Number of Meals on Each Card   # \_\_\_\_\_

Number of Cards Requested   # \_\_\_\_\_

\$ **9.00**

Total Charge   \$ \_\_\_\_\_

**Special Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Cards Received # \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional Cards Received # \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Returned Cards # \_\_\_\_\_ Received From \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DIRECT ALL INQUIRIES TO:  
Dining Plan Office  
301-314-8068  
diningplan@umd.edu

MAKE ALL CHECKS PAYABLE TO:  
University of Maryland

Mail to:  
University of Maryland  
7093 Preinkert Drive  
Bldg 26 South Campus  
College Park, MD 20742