



SODEXHO MEAL CARD
One University Parkway, Unit 295, Romeoville, Illinois 60446
Fax: 815-836-5566

STUDENT NAME _____

ID # _____

MEAL CARD AMOUNT (maximum \$100 per transaction) \$ _____

TERM _____

Student's signature below confirms the transfer of monies to Sodexho for the purchase or replenishment of a meal card. The following terms also apply:

1. Student must take receipt to the Sodexho Office (located in Charlie's Place Student Dining Hall).
2. Once the transaction is completed, student cannot request a refund.
3. No refunds will be given for unused monies remaining on the meal card.

STUDENT SIGNATURE _____

DATE _____

NOT VALID WITHOUT LEWIS UNIVERSITY BUSINESS OFFICE VALIDATION STAMP.