

DECLINING BALANCE/MEAL PLAN REQUEST

AS FORM 001

Request Date _____

Department		Program Name	
Department Contact			
Office Phone		E-mail	
Requested Item	TigerCASH (TC)	Paw Points (PP)	Meal Plan
Brief Description of Request			
Account #			

PARTICIPANT LIST

Please submit a spreadsheet with the following program participant information:

LSU ID	Participant	Requested Item	Begin Date	End Date	Affiliation with LSU
890000000	Mike T. Tiger	\$15.00 TC	01/01/2021	12/31/2021	Mascot

- Departments must have a completed participant list before submitting a request.
- Declining Balance/Meal Plan Cards will be issued upon the approval of request. The card cost is \$2.50/card.
- Please refer to LSU Dining’s website for meal plan and Paw Point locations (dineoncampus.com/lisu/) and LSU Auxiliary Services (lsu.edu/as/tigercard/vendors/index.php) for TigerCASH vendors.

APPROVALS

Approvals	Signature	Printed Name	Date
Requestor			
Department Head			
Assistant Vice President, AS			