



# TENNESSEE STATE UNIVERSITY

**Tennessee State University  
Faculty Staff Meal Plans  
Cash or Credit Card Application**

Employee Name:		
T-Number: T00		
ID Card Number: 903522		
Department:		
Street Address:		
City:	State:	Zip:
Work Phone:		
Cell Phone:		
E-mail Address:		
<b>Meal Plans</b>		Initial Below By the Plan(s) you would like 
<a href="https://tnstate.campusdish.com/">https://tnstate.campusdish.com/</a>		
<b>75 Meals \$547.00</b> Average meal price <b>\$7.29</b>	<b>\$ 547.00</b>	
<b>45 Meals \$338.00</b> Average meal price <b>\$7.51</b>	<b>\$ 338.00</b>	
<b>25 Meals \$193.00</b> Average meal price <b>\$7.72</b>	<b>\$ 193.00</b>	
<b>10 Meals \$83.00</b> Average meal price <b>\$8.30</b>	<b>\$ 83.00</b>	
Add <b>\$100</b> DB for retail locations Starbucks, Chick-Fil-A, Pizza Hut, POD	<b>\$ 100.00</b>	
Add <b>\$200</b> DB for retail locations Starbucks, Chick-Fil-A, Pizza Hut, POD	<b>\$ 200.00</b>	
Add <b>\$300</b> DB for retail locations Starbucks, Chick-Fil-A, Pizza Hut, POD	<b>\$ 300.00</b>	
Signature: _____	Date: _____	
Please return to the ARAMARK Dining Office Suite 131 FPCC Questions 615.963.5486 or email <a href="mailto:clevenger-stacey@aramark.com">clevenger-stacey@aramark.com</a>		

<b>ARAMARK USE ONLY</b>		
Total Meal Plan/DB:		
Amount to be deducted:		
Signature: _____	Date: _____	