

**Month:** July  
**Fiscal Year:** 2008  
**Dept ID:** 100900  
**Dept Name:** Office of College Programs  
**Contact Name:** Jane Doe  
**Contact Phone:** 8-9999



**Aramark Dining Services**  
**Meal Voucher**  
**Monthly Usage Log**  
 (Substitute Food & Beverage Certification Form)

Date	Contract Number	# of Tickets Purchased	# of Tickets Used	Attendees (Attach additional sheets as needed)	Meal Business Reason	Explanation (Attach additional sheets as needed)
Previous month carryover		20				
7/10/07	123456	20			Bulk Voucher Purchase	Bulk Purchase
7/12/07			10	See attached sign in - 10 people	Student Function	Small group Freshman orientation - day long event
7/14			2	Dean (A. Adams) and Dept Chair (H. Williams)	Recruitment	Discussion of student employee hiring process for dept.
7/18			5	See attached sign in - 5 people	Training Function	All day training session for office employees regarding new school year
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Totals		<b>40</b>	<b>17</b>	<b>23 =Next month carryover</b>		

SAMPLE

Retain in departmental files each month.  
 This log and its back up documentation are subject to audit.

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**Signature of Approving Authority**

\_\_\_\_\_  
**Date**