



Meal taker details (please print clearly):

First Name:	Surname:	Student number (staff number):			
Cellphone number:	Email Address:	Diet preference: <table border="1"> <tr> <td>Default</td> <td>Vegetarian</td> <td>Halaal</td> </tr> </table> (Tick relevant box)	Default	Vegetarian	Halaal
Default	Vegetarian	Halaal			

Please note:

- ☛ **Oppidans** are required to **pay in advance** for all meals: either in **CASH/CREDIT CARD** or through their **STUDENT FEES ACCOUNT**.
- ☛ **Cash receipts** should be provided as proof of payment to the Residence System Coordinator, at 35 South Street.
- ☛ A current copy of your student fees account (printed from ROSS is acceptable) must be attached to the application as proof of a credit balance

Charge my student fees account with		R _____											Meal costs: Breakfast R13.52 Lunch/Supper R36.38			
No	Date of First meal	Date of Last meal	No of Days Breakfast (Weekend)	No of days lunch (Weekend)	No of Days Supper (Weekend)	No of Days Breakfast (Weekdays)	No of Days Lunch (Week days)	No of Days supper (week days)	Breakfast rate	Lunch Rate	Supper rate	TOTAL: ALL MEALS	TOTAL: LUNCH OR SUPPER WEEKDAYS	TOTAL: LUNCH AND SUPPER WEEKDAYS	TOTAL: WEEKEND LUNCH AND SUPPER	
Term 1	11-Feb	29-Mar	12	12	12	35	35	35	R 13,52	R 36,38	R 36,38	R 4 055,16	R1 273,30	R2 546,60	R873,12	
Term 2	15-Apr	21-Jun	18	18	18	50	50	50	R 13,52	R 36,38	R 36,38	R 5 867,04	R1 819,00	R3 638,00	R1 309,68	
Term 3	15-Jul	23-Aug	10	10	10	30	30	30	R 13,52	R 36,38	R 36,38	R 3 451,20	R1 091,40	R2 182,80	R727,60	
Term 4	02-Sep	22-Nov	22	22	22	60	60	60	R 13,52	R 36,38	R 36,38	R 7 074,96	R2 182,80	R4 365,60	R1 600,72	
Total cost for the year:												R 20 448,36	R6 366,50	R12 733,00	R4 511,12	

Notes:

- Amount of money to charge: Any amount that you can afford
- When your funds run out, you need to complete a form again
- Student fees accounts **MUST** have a credit balance in order for a charge to go to it – the charge cannot be more than the credit balance available.

☞ I agree to abide by the rules of the Dining Hall that I take my meals in.

STUDENT SIGNATURE

DATE OF APPLICATION

THANK YOU AND ENJOY YOUR MEALS ON CAMPUS!

FOR STUDENT FEES OFFICE USE: Authorization to charge student account with: R _____

AUTHORISED BY (Print name): _____ SIGNATURE: _____ DATE _____

FOR RES OPS USE:

Date: _____ Balance B/fwd.: R _____

Student Account	R	Cash	R	Ref No
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