

UCSF Medical Center Food Services Department

Clinical Fellow and Residency Program

Declining Balance Card Maintenance Form

Please send completed form to: Nutrition & Food Services, Box 0212, Fax 353-8703, or e-mail to Seth.Hopkins@ucsfmedctr.org CC: Maribeth.Cabugao@ucsfmedctr.org.

Form must be turned in on the 15th of the month prior to the month funds are required.

Type of Transaction:

<input type="checkbox"/> Add Funds	<input type="checkbox"/> New Card	<input type="checkbox"/> Delete Card
<input type="checkbox"/> Replace Card	<input type="checkbox"/> Transfer Funds From _____ To _____ Reason: _____	

User Last Name **User** First Name

Department **User** Extension **User** Pager #

Bar Code: _____ (for existing users)

Amount: \$ _____

Department Name: _____

Contact Person: _____

Extension: _____ Box: _____ Fax: _____ Email: _____

<input type="checkbox"/> Mail to Box #: _____	<input type="checkbox"/> Pick up at M294 Office
---	---

Other Request Description:

Billing Information (To be completed by approving manager): DPA: _____ Fund: _____

Approving Program Director Signature: _____

Print Name: _____ Phone #: _____ Fax #: _____

1. Receive a 10% meal money discount at time of purchase at the Moffitt Café only. Discount does not apply to purchases made at Carmelina's, Panda Express, Segafredo, Subway, Courtyard Café, Palio, or Lunch Stop.
2. UCSF is not responsible for a lost value due to misuse or loss of card. In case of lost card, please contact the Nutrition & Food Services Department at 353-8921 (Seth Hopkins or Beth Cabugao).
3. New account stickers MUST be picked up at the Nutrition and Food Services office in M294 unless otherwise stated above.
4. Questions? Please call the Nutrition and Food Services Department at 353-8921 (Seth Hopkins or Beth Cabugao).

