



Meal Plan Selection Form- Faculty/Staff

Name: _____

ID#: _____

Semester

- ☐ Fall 2026
☐ Spring 2027
☐ Summer 2027

Meal Plan Selection

	Type	# of Meals	Cost	Roadrunner Cash
☐	Block 20	20 Meals	\$200.00	\$25
☐	Block 35	35 Meals	\$325.00	\$25
☐	Block 55	55 Meals	\$475.00	\$25

Commuter Meal Plans are valid during all meal periods Monday- Sunday.

Roadrunner Café Hours Monday-Friday

Breakfast: 7:30 am - 10:00 am

Lunch: 10:30 am - 3:30 pm

Dinner: 4:30 pm – 7:30 pm

Roadrunner Café Hours Saturday- Sunday

Brunch: 11:00 am – 1:30 pm

Dinner: 4:30pm – 6:30 pm

Payment Method

- ☐ Cash
- ☐ Check
- ☐ Roadrunner Cash
- ☐ Payroll Deduction (*complete authorization below*)

Payroll Deduction Authorization

I authorize Dalton State to automatically deduct the cost of my meal plan as a payroll deduction during the semester the meal plan was purchased. The meal plan cost will be divided evenly between the remaining pay periods through the last period listed on the front page.

I understand that if I am no longer employed before the meal plan payment is complete, the remainder of the meal plan cost will be taken from my final paycheck. If the final pay check does not have sufficient funds to cover the remainder of the meal plan, I will be billed.

Please select your employment classification:

- | | |
|---|--|
| ☐ Faculty: Full-time | ☐ Staff: paid monthly |
| ☐ Faculty: Part-time | ☐ Staff: paid bi-weekly |

Signature

Date

Acknowledgment

By my signature below, I acknowledge I have read and understand the meal plan terms and conditions.

Signature

Date

For Campus Services Use Only:

Posted in Blackboard _____

Roadrunner Cash Added _____