

Faculty/Staff Meal Plan Contract

To activate your meal plan please sign and return this form to:

Address: CobyCard Office
SUNY Cobleskill
112 Knapp Hall
Cobleskill, NY 12043

Fax: 518-255-5154
Email: cobycard@cobleskill.edu

SUNY Cobleskill Auxiliary Services, Inc. offers a Faculty/Staff meal plan option. The Faculty/Staff Meal Plan will put 10 breakfast/lunch meals on your CobyCard for \$60.00. The CobyCard activates the meal plan for use at any on-campus dining facility from 7:00 am to 2:00 pm. Board Meals will roll from week to week. Please stop by the CobyCard Office in Knapp or any cashier for a copy of the Faculty/Staff Meal Plan Contract. If you have any special food requirements or food allergies, please contact Dining Services at 518-255-5202.

You can add additional funds separately at any time for use in The College Store, vending machines, any CAS dining facility, and several off-campus merchants. Funds will roll over to the next semester. Funds may be added online at <https://cobycard.campuscardcenter.com> or by going to the CobyCard Office with a valid form of payment.

Your CobyCard is your official SUNY Cobleskill Picture I.D. that is needed for the meal plan and to access your debit account. Faculty/Staff are issued one card for their entire career at SUNY Cobleskill. Contact the CobyCard Office or any CAS cashier to report a lost or stolen card. CAS is not liable for funds lost due to theft or misuse of your CobyCard. Your CobyCard is non-transferable.

Faculty/Staff Meal Plan 2014-2015	
Description	Cost
10 Breakfast/Lunch Board Meals Available Monday-Friday From 7 a.m.-2 p.m. At Any On-Campus Dining Facility	\$60.00 (Includes Tax)

I have read and understand the meal plan information and agree to adhere to the policies and conditions.

Faculty/Staff Name: _____

Faculty/Staff ID Number: 800 - ____ - ____ - ____ - ____

Faculty/Staff Signature: _____

Date: _____

Payment Type: Cash Check (Payable to CAS) Credit Card

*****CobyCard Office Use Only*****

CobyCard Office Assistant Signature: _____

Date: _____

