



BOISE STATE UNIVERSITY
ASSOCIATION OF CLASSIFIED EMPLOYEES

BOISE STATE UNIVERSITY
GOODWILL
REQUEST FORM



Name: _____ Employee ID No. _____
Please Print

Title: _____

Department: _____

Contact: Campus Phone: _____
or
E-Mail _____ or Campus Mail Stop: _____

Month Requesting Meals: _____

(Approximately 1 meal per week)

Signature Date

- All voucher requests are confidential.
- All voucher requests must be received by the GoodWill Committee no later than the 20th of each month for the following month's meal plan. Late requests cannot be considered.
- Employees will be notified by email of voucher request approval or disapproval at the beginning of the month.
- Each request form is good for one month only. Separate forms must be submitted for each month.

Print Completed Form and Send To: MS 1010
(Mail Stop is Confidential)

Committee
Approved: _____
Disapproved: _____
Date: _____

Employee Informed of Decision _____
Date