



FACULTY & STAFF

Name: _____ Date: _____

Employee ID Number: _____

dine dollar amount

Please add to my dine dollar account \$ _____
Plus 7.875% Minnesota State Sales Tax \$ _____
For a total amount due of: \$ _____

method of payment

- Cash or Check (*payable to Sodexo*)
- Credit Card (*please present card in Dining Services Office*)

<u>Amount Purchased</u>	<u>Sales Tax</u>	<u>Total</u>
\$25.00	\$2.09	\$27.09
\$50.00	\$4.19	\$54.19
\$75.00	\$6.28	\$81.28
\$100.00	\$8.38	\$108.38
\$125.00	\$10.47	\$135.47
\$150.00	\$12.56	\$162.56
\$175.00	\$14.66	\$189.66
\$200.00	\$16.75	\$216.75
\$250.00	\$20.94	\$270.94
\$300.00	\$25.13	\$325.13
\$400.00	\$33.50	\$433.50
\$500.00	\$41.88	\$541.88

**Dine dollars are posted to accounts on Fridays
Updated 10/01/2023**

Office: Please staple receipt or paper clip check to upper right corner & place in dine dollars box when complete