

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER FOOD & NUTRITION SERVICES

MEAL CARD RULES AND REGULATIONS

The LSUHSC Meal Card for House Staff participating in the Meal Program is valid throughout your Residency/Fellowship training at LSUHSC. \$10.00 will be automatically deducted from your bi-weekly (26 pay periods) payroll check. Your ID badge is your meal card, and the meal card may be activated in the Hospital Cafeteria, Monday - Friday, 7am - 4pm.

It is the responsibility of the cardholder to take care of ID Badge/Meal Card.

The meal cost data will be reviewed to develop guidelines to determine future meal allowances. Individual meal records will be provided to the Medical Education Office and are available for your review.

*NOTE: Recommended meal limits are not to exceed: \$250.00 per month*

Meal cards are not transferable, i.e., they are personal forms of identification. Cards cannot be loaned to, shared with, or used by any other person but its owner. Any attempt to use another person's card will be reported to the Medical Education Office. MEAL CARDS MUST BE PRESENTED AT THE POINT OF SALE (CASH REGISTER) TO BE VALID. YOU CANNOT JUST GIVE THE CASHIER YOUR MEAL CARD NUMBER

*IN THE EVENT THE MEAL CARD IS NOT PRESENTED AT THE POINT OF SALE, THE RESIDENT OR FELLOW WILL BE REQUIRED TO PAY FOR THE MEAL IN CASH.*

Food purchased with the Meal Card is for Residents and Fellows only -- not for other employees, visitors, family or unauthorized persons. Any abuse of the meal card will be reported and may result in termination of meal privileges.

I HAVE READ AND AGREE TO THE RULES & REGULATIONS AS STATED ABOVE AND HEREBY AUTHORIZE THE \$10 DEDUCTION PER PAY PERIOD (26 PAY PERIODS) FOR PARTICIPATION IN THE LSU HEALTH SCIENCES CENTER SHREVEPORT MEAL DEDUCTION PROGRAM.

PRINTED NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I DO NOT WISH TO PARTICIPATE IN THE MEAL PROGRAM: \_\_\_\_\_ DATE: \_\_\_\_\_