

Brock Dining Services
Order Form for Residence Flu-Buddy

Name (Please Print):		Brock Student ID#:	
Res bldg & room #:	Phone ext:	Email:	
<p><i>I authorize _____ (print Flu-Buddy's name) (who is the flu-buddy named below) to pick up the items listed below and have these items charged to my Meal Plan or DCB account at either Lowenberger or DeCew Dining Hall(s).</i></p> <p>_____ Date: mm / dd / yy</p> <p>Student's Signature</p>			
Flu-Buddy Name (please print):		Flu-Buddy contact info:	
_____		Email: _____	
		Res room: _____ Phone ext: _____	
Please list items you would like your flu buddy to purchase on your behalf:		<p style="text-align: center; font-weight: bold;">Attach receipt here</p>	
<i>Item</i>	<i>Quantity</i>		
Total Charged to Account		\$	