



EOPS/CARE

\$10.00 Meal Voucher No. 0001
(Including Tax)

Name: _____ Student ID: _____

Signature: _____

Student Must Present Picture ID At Time of Redemption

Authorized Signature:  _____ Expiration Date: **May 23, 2019**

EOPS Director

Cafeteria Use Only: Date: _____

Signature: _____