

Minnesota State University, Mankato  
Office of Campus Recreation/Student Health Services  
**Nutrition Assessment Program 2008-09**  
Invoice Form

Name: \_\_\_\_\_ Tech ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nutrition Assessment \_\_\_\_\_ \$30 Faculty/Staff

**COST CENTER: 336851**

**OBJECT CODE: 9378**

Please complete this form (top & bottom) and pay the appropriate fee to the cashier in the Wigley Administration Building-WA128. Bring back the bottom half receipted by the cashier to your nutrition assessment. No services will be rendered without payment.

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