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## Department Charge Form

Please fill out all requested information and send to Memorial Union Office, Room 101 or e-mail completed form to Department Charge ([department-charge-l@mtu.edu](mailto:department-charge-l@mtu.edu)) 24 hours prior to the charge.

**Location:**

**Date of Charge:**

**Position:**

**Department:**

**Authorized By: (Print Name)**

**Authorized Signature:**

**Phone Number:**

**Email**

**Business Purpose**

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### Names of Authorized Users

**Cashier Instructions:** Follow Department Charge Procedures when ringing up. Attach all receipts related to this department charge to this form.