This form constitutes an agreement and receipt for your participation in the dining option selected below. Your signature indicates that you understand and accept the Terms and Conditions of this dining option agreement.

Name: ___________________________________________  Aggie ID#: _______________________

Faculty/Staff Block Plans

______ 10 Taos meals for $80.00 ($8.00/meal)  
______ 25 Taos meals for $160.00 ($6.40/meal)  
______ 50 Taos meals for $265.00 ($5.30/meal)

• Valid only in the Taos Restaurant
• Can purchase blocks of meals at any time
• May utilize the blocks to purchase meals for others, but must be present with ID card when purchase is made
• Meals must be consumed within the Taos Restaurant
• All plans are valid from September 1 thru August 31 only (1 year) – Any unused meals will not carry over

Faculty/Staff Pistol 400 Plan

______ 5 Taos Meals & $400.00 of Aggie Dining Dollars for $400.00

• May be utilized anywhere Aggie Dining Dollars are accepted
• May add to Aggie Dining Dollars ($1 for $1 value) at any time throughout the academic year in which it was purchased
• May be utilized in Taos Restaurant at standard door pricing
• Plan is valid from September 1 thru August 31 only (1 year) – Any unused balance will not carry over

Terms and Conditions

Available to:
• Full time, part time, temporary, affiliate or retired employees only
• Does not include student or Graduate Assistant employees

Purchase or refund at the ID Card office:
• Purchase by cash, credit/debit card, check or payroll deduction authorization
• Completed Authorization for Payroll Deduction form is required to establish payroll deduction
• Valid reasons for refund:
  o Termination of employment from NMSU – if an employee ceases employment with NMSU and has chosen the Payroll deduction option, the plan payment must clear through payroll before a refund may be requested.
  o Dissatisfaction with goods and services provided – If the patron finds dissatisfaction with the food offerings, that patron may seek a refund for any remaining unused meals or value on the purchased plan.

Signature _________________________________ Date __________________________