

**Southern Scholarship Foundation
Food/Services Bill Agreement**

-To be completed by Treasurer and/or HM-

PLEASE PRINT

Date: _____ Semester/Year: _____ House: _____

Name Name: _____

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I understand that if I do not fulfill this agreement, a hardship will be placed on the house, and I will be in violation of SSF policy and may be dismissed.

Total Food Services Bill \$ _____

Amount I Have Paid \$ _____
(must be at least \$300)

Balance Remaining \$ _____

<u>Payment Date</u>	<u>Amount</u>	<u>Paid (yes or no)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Final Date Due:

- October 15 for Fall semester
- February 15 for Spring semester
- June 15 for Summer semester

Resident Name –PLEASE PRINT

Resident’s Signature

I have reviewed this agreement and recommend that the payment arrangements be accepted.

Treasurer/HM – PLEASE PRINT

Treasurer/HM Signature

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This completed, signed form is to be kept in the house treasurer binder and may be referenced at any time by House Treasurer, HM, or SSF staff.