### FACULTY OF NURSING AND PUBLIC HEALTH

**(CATERING REQUISITION, APPROVAL AND ORDER FORM)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To,**  **The Administration Section,**  **Faculty of Nursing and Public Health.**  Please kindly arrange to provide the following catering service as mentioned below: - | | | | | |
| **Committees/Departments** | |  | | | |
| **Meeting** | |  | | | |
| **Date** | |  | | | |
| **Time** | |  | | | |
| **Participants: -** | | | | | |
| **Faculty** | **Staff** | **Students** | **Guest** |  | **Total** |
|  |  |  |  |  |  |
| **Refreshment and Meal Services** | | **O Executive/Official Dinner**  **O Working Lunch.**  **O Simple Lunch.**  **O High Tea and 5 items Snack.**  **O Tea with 3 items Snacks.**  **O Tea with 2 Items Snacks.**  **O Mineral Water** | | | |
| **Requisitioned made by: -** | | **Remark from the Accounts Section: -** | | **Remark from the Administration Section: -** | |
| **Name…………………………………………..**  **Signature……………………………………..**  **Date……………………………………………** | |  | |  | |
| **Approved/Not Approved by: -**  **Signature: - ……………………………….**    **Approval Date: - ………………………….**  **Remarks, if any: - ……………………………………………………………………..** | | | | | |
|  | | | | | |

**NOTE: -**

* **Copy of the same form to be attached with the bill and submission to Faculty Accounts**

**by Faculty Cafeteria Management.**

* **Verification by Requisitioner accordingly and payment process by Faculty Accounts.**