



AIMST UNIVERSITY
FOOD CATERING AND FOOD SUPPLIES REQUEST FORM

FR-15, Rev: Aug 2012

Note: Kindly complete this form and attach the supporting document for Vice - Chancellor / Registrar's approval.

A. Requestor Details

Requestor's Name: _____ Staff.# : _____
 Department: _____ Ext. # : _____
 Purpose: _____

B. Food & Catering Details. (Please tick where applicable)

Caterer AIMST Café Date: _____
 External Time: _____

Please specify #. of Pax: _____ Venue: _____

Food Required (Item)	Qty	Price Per Unit	Total Price	Remark

Additional Instruction/ Service/ Equipment Required (Please Specify)

D. Requestor :

Signature _____ Date _____

E. Recommendation:

Dean/Director/Head's Signature _____ Date _____

F. Approvals (Please tick where applicable)

Approved Not Approved

 Vice - Chancellor / Registrar Date _____

G. Acknowledgement of Food Received (To be signed by Requestor)

Name: _____
 Date: _____ (Signature) _____ (#. of Pax) _____

H. Payment Details (To be completed by Finance Division)

Total Cost: _____
 Payable To _____ Bursar's Signature _____
 Payment Mode: Cash/ Credit Date: _____