

MAIN CAMPUS

San Roque, Sogod, Southern Leyte

Email: president@southernleytestateu.edu.ph

Website: www.southernleytestateu.edu.ph

Excellence | Service | Leadership and Good Governance | Innovation | Social Responsibility | Integrity | Professionalism | Spirituality

Annex "A"

MEALS PROVISION REQUEST FORM (MPRF)			
Date:			
Office/Division:			
TO:		FROM:	
Caterer Representative		(Printed Name/Authorized Staff)	
		I promise to submit the complete documents to the Procurement Office immediately the attendance sheet and upon receipt of the Statement of Account (SOA). My salary shall be withheld if not submitted within the prescribed period.	
		Signature	
We request delivery of meals, bearing the following information, viz:			
I. A. Title of Activity:			
B. Inclusive Date(s) of Activity:			
C. Delivery Details:			
# of Pax	Types of Meals Breakfast A.M. Snacks	Delivery Time	Place of Delivery
	Lunch		
	P.M. Snacks		
D. Other Ade	Dinner D. Other Additional Requirements/Special Instructions:		
D. Other Additional Requirements/Special instructions.			
II. APPROVED BY:			
(Printed Name and Signature of Approving Authority)			
Notes: 1. Please submit this request to the Caterer Representative seven (7) days or at least three (3) days before the scheduled activity.			
You may also coordinate with the Caterer Representative via contact # from 8:00 am to 5pm only.			
CATERER ACTION:			
Accepted Denied Reason:			
	All residences	Date:	
(Printed Name & Signature of Meals Service Provider)			

