



MEALS PROVISION REQUEST FORM (MPRF)			
Date: _____			
Office/Division: _____			
TO: _____ <div style="text-align: center;">Caterer Representative</div>	FROM: _____ <div style="text-align: center;">(Printed Name/Authorized Staff)</div> <p style="font-size: small; text-align: center;"><i>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.</i></p> <div style="text-align: center;">_____ Signature</div>		
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	Delivery Time	Place of Delivery
	Breakfast		
	A.M. Snacks		
	Lunch		
	P.M. Snacks		
	Dinner		
D. Other Additional Requirements/Special Instructions: _____			
II. APPROVED BY: _____ <i>(Printed Name and Signature of Approving Authority)</i>			
Notes: 1. Please submit this request to the Caterer Representative seven (7) days or at least three (3) days before the scheduled activity. 2. You may also coordinate with the Caterer Representative via contact # _____ from 8:00 am to 5pm only.			
CATERER ACTION: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied Reason: _____ _____ Date: _____ <i>(Printed Name & Signature of Meals Service Provider)</i>			

