

MEETING REFRESHMENT REQUEST

INTERNAL EXTERNAL OTHERS			ADMINIS	STRATIVE DE	PARTIVIENT			
DEPARTMENT		DATE R	DATE REQUESTED					
PURPOSE OF MEETING		DATE C	DATE OF MEETING					
		NUMBE	NUMBER OF ATTENDEES:					
DESCRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT			
GRAND TOTAL								
ADD-ON: Delivery fee OTHERS								
	GRAND TOTAL							
PREPARED BY	ENDORSED BY		APPROVED BY					
Employee's Signature (Signature over Printed Name)	Immediate Superior (Signature over Printed Name) KATHLEEN REYES, MHM, DBA Chief Operating Officer			M, DBA ficer				
DATE SIGNED: BMI-FORM-ADM-004	DATE SIGNED: DATE SIGNED:							



MEETING REFRESHMENT REQUEST FORM

ADMINISTRATIVE DEPARTMENT

INTERNAL EXTERNAL OTHERS	ADMINISTRATIVE DEFARTMENT							
DEPARTMENT		DATE R	DATE REQUESTED					
PURPOSE OF MEETING		DATE O	F MEETING					
		NUMBE	R OF ATTENDEES:					
DESCRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT			
GRAND TOTAL								
ADD-ON: DELIVERY FEE OTHERS								
	GRAND TOTAL							
PREPARED BY	ENDORSED BY		APPROVED BY					
Employee's Signature (Signature over Printed Name) DATE SIGNED:	Immediate Superior (Signature over Printed Name) DATE SIGNED:		KATHLEEN REYES, MHM, DBA Chief Operating Officer					
BMI-FORM-ADM-004								