

MEETING REFRESHMENT REQUEST FORM

ADMINISTRATIVE DEPARTMENT

INTERNAL EXTERNAL OTHERS					7
DEPARTMENT		DATE	REQUESTED		
PURPOSE OF MEETING		DATE	DATE OF MEETING		
		NUMI	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		
DATE SIGNED:	DATE SIGNED:		DATE SIGNED:		