CAFETERIA ORDER FORM

Date:

To,
Institute Cafeteria

Kindly arrange for the following.

Programme Title :

Date of Programme :

Venue & Timing :

MENU ORDER

SL NO	ITEM DETAILS	QTY	REMARKS
01	TEA/COFFEE		
02	SNACKS		
03	COOL DRINKS		
04	BISCUITS		

Signature of Applicant :

Name of Applicant :

Designation & Department of Applicant :

Approved by

Signature of Section In Charge /Faculty/HOD/Coordinator :

Name of Section In Charge /Faculty/HOD/Coordinator

Designation & Department of Section In Charge /Faculty/HOD/Coordinator: