



INTERNAL BEVERAGE PREPARATION REQUEST FORM

Kindly complete this form and submit to Vice - Chancellor / Registrar for approval.

A. Requestor Details

| | | | |
|------------------|--|----------|--|
| Requestor's Name | | Staff. # | |
| Department | | Ext. # | |
| Purpose | | | |

B. Meeting Details. Please tick \checkmark where applicable.

Members: Internal Date: _____

External Time: _____

Venue: _____ Total Pax: _____

| Beverage Required | Type | Qty | Remarks |
|-------------------|------|-----|---------|
| | | | |
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| | | | |
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| | | | |
| | | | |

Additional Instruction/ Service/ Equipment Required (Please Specify)

Requestor's Signature

Date

Dean/Director/Head's Signature

Date

C. Approvals (Please tick \checkmark where applicable)

Approved Not Approved

Vice - Chancellor / Registrar

Date