

REFRESHMENT ORDER FORM

Applicant's Name : _____ Designation : _____
 K/C/D/I : _____
 Programme Name : _____
 Organiser : _____
 Date/Day of Event : _____
 Venue : _____
 Name of operator : _____
 Type of services: : _____ *Buffet/Packed food/Pre set/Served

No	Details of Menu	No. of Pax	Price (RM)	Total
			TOTAL	RM

Applicant's Signature :

Approval by the K/C/D/I approving Authority :

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(Signature & Official Stamp)