Workstation: KSTCL Version No.: 02 Revision No: 02

Effective Date: 24/1/2024

## REFRESHMENT ORDER FORM

Applicant's Na	ame :	Designation :			
K/C/D/I	:				
Programme N	lame :				
Organiser	:				
Date/Day of E	vent :				
Venue	:				
Name of oper	ator :				
Type of servic	es: :	*Buffet/Packed fo	ood/Pre set/Serve	ed	
No	Details o	f Menu	No. of Pax	Price (RM)	Total
				TOTAL	RM
Applicant's Signature :			Approval by the K/C/D/I approving Authority:		
			(Signature & Official Stamp)		