

Adventist University of Africa Cafeteria Service Request Form

A. REQUEST DETAILS

Name of Applicant: _____ Department: _____

Occasion or Function: _____

Type of Meal (tick appropriate): _____ Regular Student Meal _____ Special Meal

Details:

REGULAR MEALS			
DATE	#s for BREAKFAST @475	#s for LUNCH @712.5	#s for SUPPER @712.5
TOTAL #			
TOTAL KES			

SPECIAL MEALS			
DATE	#s for BREAKFAST @760	#s for LUNCH @1140	#s for SUPPER @1140
TOTAL #			
TOTAL KES			

Signature of Applicant: _____ Date of Application: _____

IDENTIFICATION AT THE CAFETERIA (please tick one and attach/indicate)
 Meal Cards List of names Representative _____ (Rep name)

B. AUTHORISATION and APPROVAL

Debit Account Code: _____ Account Name: _____

Budget-holder Name: _____ Signature: _____ Date: _____

Immediate Supervisor Name: _____ Signature: _____ Date: _____

Next Level Approver Name: _____ Signature: _____ Date: _____

C. FINANCE OFFICE USE ONLY (BUDGET AVAILABILITY CONFIRMATION)

DR / CR	CODE	FUNCTION	DESCRIPTION	AMOUNT

Finance Sign Off: Name: _____ Signature: _____ Date: _____

D. CAFETERIA SERVICE PROVIDER SIGN-OFF (CONFIRMATION THAT MEALS WERE PROVIDED)

Name: _____ Signature: _____ Date: _____