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 Date: \_\_\_\_\_\_\_\_\_\_\_\_

 Control No.: \_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR FOOD SERVICES**

**(For Private/Outside MMSU)**

Instructions: To be prepared in two copies: Original, to the Chief, Food Service and duplicate, for requesting party. This form should be duly signed by the requesting party, noted by the Chief of Food Service and approved by the Director for Business or his duly authorized representative. Requesting party shall make payment to the Cashier’s Office at least 7 days before the scheduled date the service is to be rendered/delivered.

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Date of Reservation: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and place where food shall be delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **Type of Service** |  **No. of Person/s** |  **Cost/Day (P)** |  **Total Cost (P)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Name of Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted: Approved:

**ERICK JAY A. DELA CRUZ**

**NORMAN D. VIERNES**

 Chief, Food Service Director, Business