



Khesar Gyalpo University of Medical Sciences of Bhutan

Catering Requisition

To,
The Administrative Officer
Khesar Gyalpo University of Medical Sciences of Bhutan

Date: ____/____/20____

Sl. No.	Description of Menu:	No. of Head(s):	Purpose/Remarks

Date:..... Time:.....

Venue:.....

Mention Budget Head:.....

Name: _____ Designation: _____ Signature: _____ -

Approved Not Approved Forwarded for kind approval/advice

Remarks: _____

Administrative Officer
Seal/Date/Sign