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OFFICE OF SULTAN HAJI AHMAD SHAH MOSQUE

LEVEL 2, CENTRAL COMPLEX,
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TEL: 03 - 6196 4000 ext 5900/5901 FAX: 03 - 6196 5024

REFRESHMENT ORDER FORM

PROGRAMME:				
Applicant :				_
Sta	aff No.		: Post :	
De	epartment	:		-
Da	ate of Progra	amme :	until :	_
Ti	me of Progr	amme :	until :	-
Ve	enue	:		_
Contact No.		:	H/P	
Caterer/ Operator :			H/P	
		CEDITION	Г	<u> </u>
NO.	NO. OF PAX	SERVICES * Buffet/ Packed Food/Served	DETAILS OF MENU	TOTAL (RM)
Requested by			Approved by	
(Signature of Applicant)			(Signature by Head of Unit)	
Date:			Date:	