

Approved  
30/6/2022



**SOUTH EASTERN KENYA UNIVERSITY**  
**DIRECTORATE OF CATERING AND ACCOMMODATION SERVICES**  
**CAS INCOME GENERATING UNITS REQUISITION FORM FOR UNIVERISTY**  
**COUNCIL MEALS**

This form should be filled by the section head at least seven (7) days before the day of the required service.

**This is to request for (Tick where applicable)**

CODE NO	MEAL	NO OF PAX	UNIT COST KSHS.	TOTAL COST KSHS.
1.	Breakfast		600.00	
2.	Lunch		1500.00	
3.	Mineral water		80.00	
4.	Juice		100.00	
<b>TOTAL</b>				

**Meeting Details**

Date of Meeting: .....

Time: .....

Venue: .....

Name of Head, Council Secretariat: .....

Signature: .....

Date: .....

**Finance Section (Vote book)**

Does the account have enough money to pay for the service(s) requested for? YES/NO

Checked by:

Name: .....

Signature: .....

Date: .....