

Approved
30/6/2022



SOUTH EASTERN KENYA UNIVERSITY
DIRECTORATE OF CATERING AND ACCOMMODATION SERVICES
CAS INCOME GENERATING UNITS REQUISITION FORM FOR UNIVERISTY
MANAGEMENT BOARD (UMB) MEALS

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

This is to request for (Tick where applicable)

CODE NO	MEAL	NO OF PAX	UNIT COST KSHS.	TOTAL COST KSHS.
1.	Breakfast		450.00	
2.	Lunch		1200.00	
3.	Mineral water		80.00	
4.	Juice		100.00	
TOTAL				

Meeting Details

Date of the Meeting:

Time:

Venue:

Name of Head, UMB 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:

