

IIITDM Kancheepuram

Refreshment Form

Name of the Employee		Date:
Designation		
Dept. / Section		
Purpose of the Meeting		

Sl No	Date of Supply	Time of Supply	Items	Qty	Place of Supply	Cost of Item Filled by the Vendor / Office
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Total						

Signature of the employee

Approved / Not Approved

Signature of the HoDs / Sections Heads

NOTE: REQUEST FOR REFRESHMENT SHOULD BE SENT ONE DAY IN ADVANCE.