

LAHORE UNIVERSITY OF MANAGEMENT SCIENCES

Date: _____

PDC / EDH Request Form

S. No: _____

PR No. _____

Required Date: _____

Required Time: _____

Venue: PDC EDH Other

For EDH please confirm booking from PDC Office.

Please Specify

Event Name / Details: _____

No. Of Persons: _____

Breakfast Lunch Dinner Snacks / Others

Items Required

S. No	Items/Meal	Qty Rq.	Rate	Amount	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
Total in Rs.:					

No. of Coupons / No. of Persons Availing Meals in PDC: _____

PDC Meal Amount Limit / Coupon Value in Rs: _____

Official: <input type="checkbox"/>
Department / Budget head: _____
Contact Person: _____
Tel Ext: _____

Personal: <input type="checkbox"/>
Employee Id: _____
Name: _____
Department: _____

Authorized By:

Name: _____

Designation: _____

Signature: _____

FOR PDC Office USE ONLY

Charging Details:

Mode of Payment:

Cash Cheque From Dept. Budget / Grant Salary Deduction

In Case of Cheque:

Cheque #: _____

Bank Details: _____

Total Amount: _____

Charged To: _____

Cashier / Officer PDC: _____

Manager PDC: _____

Note:

- 1) Please forward Meal / Snack Requests at least 24 hours prior to the event.
- 2) Only PDC Request forms with approved PRs from finance will be accepted
- 3) Arrange for pickup of orders from PDC kitchen at least 15-20 Minutes prior of serving time to avoid any inconvenience