

## Periyar Nagammai Guest House Periyar University, Salem – 636 011

## **Food Order Form**

1.	Name o	f the Applicant						
2.	Name of Office/S	f the Department / Section						
3.	Date of Requirement		From: To:					
4.	Food Re	Food Requirements (in Nos)		Breakfast - Lun		Dinner -		
5.	Purpose	9						
6.	Signature of the Applicant							
7.	Signature of the Head of the Department/ Section Head							
	•		l.					
Tariff Details (inclusive of GST)								
Food	d	BF/Dinner - Rs. 60/-		Lunch – Rs. 75/- Tea		Tea/Coffee - Rs. 12/-		

## For office use only

Date of receiving the form			
No. of Breakfast/Lunch/Dinner taken	Breakfast -	Lunch -	Dinner -
Total Amount			
Date of Payment			
Challan/UPI Reference details			
Bill No.			
Remarks, if any			