

CENTER FOR DNA FINGERPRINTING AND DIAGNOSTICS HYDERABAD

Date: _____

To
The Canteen Secretary,
CDFD, Hyderabad

Sub: Canteen Requisition

Purpose :
No of persons :
Date :
Time :
Venue :

Please tick the following requirement:

| | | | |
|---|--------------------------------|-------------------------------------|---|
| Tea (Rs 15) | Coffee (Rs 20) | Juice (Rs 25) | Tea Snacks (Rs 30) (Tea/Coffee + Biscuits) |
| Tea Snacks (Rs 50/-)* (Tea/Coffee + Savory item + Cupcake) | Working Lunch (Rs 150)* | Executive Lunch (Rs 250/-) * | |

Signature :
Name :
Lab/Section :

Note: Any requisition above 5 No's and items with asterisk mark would require prior approval of the Director, CDFD.

Director approval.