Ward/Cost Centre No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue/ Ward Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| ***Date:*** |  |  |  |  |  |  |  |
| Milk Full Cream 2 lt |  |  |  |  |  |  |  |
| Milk Fresh Full Cream 1lt |  |  |  |  |  |  |  |
| Milk Lite White/Shape 1lt |  |  |  |  |  |  |  |
| Milk Skim 600 ml |  |  |  |  |  |  |  |
| Milk Soy UHT 1lt |  |  |  |  |  |  |  |
| Sugar pc |  |  |  |  |  |  |  |
| Sweetener pc |  |  |  |  |  |  |  |

Requested By: Printed Name: Position: Date / / Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: Printed Name: Position Date / / Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Services**

Issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_