

**De La Salle University**  
**CANTEEN ORDER SLIP**  
Date \_\_\_\_\_

Concessionaire \_\_\_\_\_

**Meals for:**

Activity: \_\_\_\_\_

No. of people to be served: \_\_\_\_\_

Charged to: \_\_\_\_\_

Requested by: _____	Approved by: _____ <b>OFFICE HEAD</b>
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*To be filled up by Canteen personnel:*

No. of Persons Served	Amount

Signature of Canteen Personnel \_\_\_\_\_

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