



INTERNAL TRANSFER FORM FOR MAIN CAMPUS RESTAURANTS

Please complete this form and sign at the bottom.

Name:	Ext:
Department:	Email:
Cost Centre/SIO/WBS:	GL A/C:

Name of restaurant: Date to be used: ____/____/____

How many people are attending? *Of this total how many are:-*

1) Employed by the University 2) Visitors *(If this applies then complete section 2a)*

2a) Specify name of Organisation (for visitors):

.....

Select one of the following to describe why you are using the restaurant/catering facility:

- | | |
|---|--|
| 1. School Visit <input type="text"/> | 2. Open Day <input type="text"/> |
| 3. Business Visitors <input type="text"/> | 4. External Examiners <input type="text"/> |
| 5. Staff Training Event <input type="text"/> | |
| 6. Visiting Research Collaborators <input type="text"/> | |
| 7. Other - please give details: <input type="text"/> | |

.....
.....
.....

For catering office use only

Food

Drink

Total exc. VAT

VAT

Total

Your signature:.....

Date:.....