

MANIFEST FOR CATERING SERVICE

- (a. To be **Filled-up** by **Accredited Catering Service Provider -ACSP**; b. To be provided by ACSP on ONE DAY BASIS –i.e., 1 set of manifest per day- to provide **accurate** information, for ALL ADDU CATERING NEEDS which will only be for ONE DAY. For CATERINGS ON MULTIPLE AND/OR CONSECUTIVE DAYS, ONLY PERTINENT DATA for ITEMS **9, 10, and 11** NEED to be provided starting on the SECOND DAY OF CATERING. **Items 1 to 8, and SIGNATURE** are **needed** to be filled-up **only once. However, ALL the DATES of Catering service must be appropriately inputted** ; c. To be **submitted together with Documents submitted by Proponent ADDU office** to begin process of request for Catering at Finance Office; d. To be provided by ACSP in three -3- copies. Original is for the Finance Office, and 1 photocopy each to the proponent Office and ACSP)

1. **Name & Contact Coordinates of Accredited Catering Service Provider (ACSP):**
Name: _____
Business Address: _____
Home Address: _____
Phone Numbers: (Mobile) _____; (Landline) _____
2. **Occasion of Catering:**

3. **Venue of Catering:**

4. **Date of Catering:**

5. **Name & Contact No. of Person in Charge of Catering (ACSP's side)**
: _____
6. **Name & Contact No. of Person in Charge of Catering(ADDU's side)**
: _____
7. **Name/s of Official Food Taster/s of Proponent Office (ADDU's side) :**

8. **List of ACSP Personnel Assigned in the Catering Venue:**
 - a. Name: _____
Position: _____;
 - b. Name: _____
Position: _____;
 - c. Name: _____
Position: _____;
 - d. Name: _____
Position: _____;
 - e. Name: _____
Position: _____;
 - f. Name: _____
Position: _____;
 - g. Name: _____
Position: _____;
 - h. Name: _____
Position: _____;

(Pls. appropriately add above info in separate paper if personnel exceeds number provided in this manifest)

9. **Time of Delivery of Food at Venue:**

10. **Means of Delivery of Food at Venue** (Provide Plate Number if motorized vehicle/s is/are the means of delivery):

11. **Date, Period, Time, Menu, and Type of Meal to be served** (Pls. answer only pertinent Meals, otherwise, leave blank):

DATE: _____

a. **Breakfast:**

- Serving Time Starts at: _____
Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
_____;
- Type of Meal (pls. check choice): Measured Buffet()
Free-wheeling Buffet()
Packed in Cardboard box ()
Packed in Styro box ()
Other type (please describe): _____

b. **Snacks (AM):**

- Serving Time Starts at: _____
Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
_____;
- Type of Meal (pls. check choice): Measured Buffet()
Free-wheeling Buffet()
Packed in Cardboard box ()
Packed in Styro box ()
Other type (please describe): _____

c. **Lunch:**

- Serving Time Starts at: _____
Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
_____;
- Type of Meal Served (pls. check choice): Measured Buffet()
Free-wheeling Buffet()
Packed in Cardboard box ()
Packed in Styro box ()
Other type (please describe): _____

d. **Snacks (PM):**

- Serving Time Starts at: _____
 Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
 _____;
- Type of Meal Served (pls. check choice): Measured Buffet()
 Free-wheeling Buffet()
 Packed in Cardboard box ()
 Packed in Styro box ()
 Other type (please describe):

e. **Cocktails:**

- Serving Time Starts at: _____
 Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
 _____;
- Type of Meal Served (pls. check choice): Measured Buffet()
 Free-wheeling Buffet()
 Packed in Cardboard box ()
 Packed in Styro box ()
 Other type (please describe):

f. **Early Dinner:**

- Serving Time Starts at: _____
 Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
 _____;
- Type of Meal Served (pls. check choice): Measured Buffet()
 Free-wheeling Buffet()
 Packed in Cardboard box ()
 Packed in Styro box ()
 Other type (please describe):

g. **Pre-Dinner/Pre-Prandials:**

- Serving Time Starts at: _____
 Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
 _____;
- Type of Meal (pls. check choice): Measured Buffet()
 Free-wheeling Buffet()
 Packed in Cardboard box ()
 Packed in Styro box ()
 Other type (please describe):

h. **Dinner:**

- Serving Time Starts at: _____
Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
_____;
- Type of Meal (pls. check choice): Measured Buffet()
Free-wheeling Buffet()
Packed in Cardboard box ()
Packed in Styro box ()
Other type (please describe): _____

i. **Post Dinner/Post-Prandial:**

- Serving Time Starts at: _____
Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
_____;
- Type of Meal (pls. check choice): Measured Buffet()
Free-wheeling Buffet()
Packed in Cardboard box ()
Packed in Styro box ()
Other type (please describe): _____

j. **Round-the-Clock Foods and Beverages:**

- Serving Time Starts at: _____
Serving Time Ends at: _____
- Complete List of Food and Drinks served: _____
_____;
- Type of Meal (pls. check choice): Measured Buffet()
Free-wheeling Buffet()
Packed in Cardboard box ()
Packed in Styro box ()
Other type (please describe): _____

k. **Freebies, if any (pls. specify):**

I, the undersigned, the legal representative of the ACSP, certify to the veracity and completeness of the above information.

(Pls. Sign Above Printed Name) _____