## **ProCard - Food Documentation Form**

Date of Event:		
Time of Event:		
Place of Event:		
. 1400 01 2701111		
Number of Students		
Number of Employees		
Number of Guests		
Total number of people a	t event	
Guest(s):		
Hairranaite Danaannale		
University Personnel:		 
Name of University sand	tioned event or activity	
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