



# Event/Meeting Assistance Request

## TERMS & CONDITION IN REQUEST SUBMISSION:

- Event/Meeting Assistance Request Form needs a minimum of **ten (10)** working days.
- Kindly fill-out the information in **ENGLISH (NO ARABIC REQUEST will be processed)**
- Requesting Department's **REFERENCE NUMBER** is a must.
- **Request Form Submission is thru E-mail ONLY** at ([request-urm@ksau-hs.edu.sa](mailto:request-urm@ksau-hs.edu.sa))
- **I.P. Addresses & Contact Person** is required for Video Conference Assistance Request.
- **Cost Code & Budget Approval must be indicated & attached** especially for Internal Catering Request Assistance.
- **ONE FORM PER EVENT REQUEST.**

Requesting Dept. Reference #: _____		Date Prepared: _____	
Requestor Name: _____	Position: _____	Badge: _____	
Department: _____	Extension: _____	Mail Code: _____	
Department E-Mail: _____	Date Required: _____		
DEPARTMENT HEAD APPROVAL			
Name: _____		Signature: _____	
Position: _____		Date Signed: _____	

### TASK / DESCRIPTION

### REMARKS

- |  |                                     |                                     |   |  |
|--|-------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Room Reservation  | <input type="checkbox"/> 600-MZ-012 | <input type="checkbox"/> 600-MZ-021 | <input type="checkbox"/> 12/F Conf. Rm. | <input type="checkbox"/> 12/F Dining Rm. |
| <input type="checkbox"/> Coordinate with Key Control (12/F Conf. Room Only)                      |                                     |                                     |   |  |
| <input type="checkbox"/> Coordinate with Support Services (Cleanliness of the venue)             |                                     |                                     |   |  |
| <input type="checkbox"/> Internal Catering Request   | <input type="text"/>                | No. of Heads                        | Code No. <input type="text"/>           | (See Page#2)                             |
|  | <input type="text"/>                | Cost Code                           | Others (Specify): _____                 |  |
| <input type="checkbox"/> Coordinate with I.T. Services (Provide I.P. Addresses & Contact Person) | <input type="checkbox"/>            | Video Conference                    | <input type="checkbox"/> Laptop         | <input type="checkbox"/> I.T. Technician |
| <input type="checkbox"/> Coordinate with Security & Safety Services                              | <input type="checkbox"/>            | Security Escort (Gate to Venue)     |   |  |
|  | <input type="checkbox"/>            | Others (Specify): _____             |   |  |

Event Description: (Write a brief description about the event and attach a brochure/flyer etc., if there's any)

**UNIVERSITY RELATIONS & MEDIA AFFAIRS USE ONLY:**

- Approved       Disapproved:

PR Supervisor Name & Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Other Comments:

**Assigned to:**

PR Specialist Name & Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NOTED BY DEPARTMENT HEAD:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy of Confirmation Sent by E-Mail      Date Sent:        E-Mail Confirmation Copy Attached

**SERVICE GUIDELINES  
TYPE OF SERVICE REQUIRED**

<b>CODE</b>		<b>PRICE/PERSON</b>
1.	Meal Activity      Pastry, Appetizer, Sandwiches, Desserts, Tea, Coffee, Water, Juice.	<b>SR. 26</b>
2.	Tea Party            Pastry (3 Kinds), Entrees, Sandwiches (3 Kinds), Desserts (2 Kinds), Tea Coffee, Water, Juice.	<b>SR. 34</b>
3.	VIP Tea Party      Pastry (4 Kinds), Appetizers (2 Kinds), Sandwiches (4 Kinds), Desserts (2 Kinds), Citrus, Tea, Coffee, Water, Juice.	<b>SR. 52</b>
4.	Lunch                Appetizers and salads (8 Kinds), Pastry (3 Kinds), Main dishes (7 Kinds), Desserts (4 Kinds), Tea, Coffee, Water, Juice.	<b>SR. 90</b>
5.	VIP Lunch            Appetizers and salads (8 Kinds), Pastry (3 Kinds), Main dishes (9 Kinds), Desserts (3 Kinds), Fruit, Tea, Coffee, Water, Juice	<b>SR. 180</b>
6.	Other                 Please specify exact requirement menu details, numbers to be catered for, Occasion justification.	

**OCCASION OR JUSTIFICATION GUIDELINES**

- A. Student Club Activity
- B. Bulk Supply For KSAU-HS Executive Offices
- C. Welcome Pack for New Arrival
- D. Function to be held in the VIP Dining Room
- E. Catering Request for Deans and Special Events
- F. Special Conference or Symposium

**SUBMISSION AND APPROVAL GUIDELINES**

- 1) Catering Request must be approved in the first instance by the requesting department's Department Head and then forwarded to Food Services Contracts Operation Department for initial review and approval.
- 2) Executive Approval would be sought by the requesting department. If approved/disapproved at Executive level, the Catering Request will be returned to Food Services Contracts Operations for their i.e. return to requester or forward to Contractor.
- 3) All Catering Request must to forward to Food Services Contracts Operations and must **not** be forwarded directly to the Contractor.
- 4) As the Contractor require minimum of 72 hours' notice – request must be submitted to Support Services at least 7 days prior to service to allow for proper review and approval process to be completed.