

**PHN INDUSTRY SDN. BHD.**  
**FUNCTION ORDER FORM**

NAME : \_\_\_\_\_ DEPARTMENT/SECTION : \_\_\_\_\_

STAFF NO. : \_\_\_\_\_ DATE REQUEST : \_\_\_\_\_

DATE	MENU	NO. OF PACK	COST (RM)	TIME	VENUE

PURPOSE : \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Section Head/Dept. Head

\_\_\_\_\_  
Administration Section

- ADMINISTRATION COPY -

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