## **Senior Staff Mess Function Request**

## **RMC/CAF** Function

Function name:	
Proposed date:	Proposed time:
Number of attendees:	Submission date:

## **Contact Information**

Name:	Unit:	
CF1 Number:	SSM Member:	yes no If no, you'll need a sponsor.
Email:	Phone:	

*Member Sponsorship* By signing below, you agree to sponsor the event and confirm your attendance.

Name	CF 1 Number	Signature		Date Date	
Function Information				Date	
Function type	Requirements		Payment		
Briefing/lecture	Bar service (from	· )	🗌 Invoice pai	d by public funds	
DWD/mug-out/retirement	🗌 Coffee break		🗌 Invoice paid by OPI		
🗌 Dinner	🗌 Dinner table servi	ice	cash/credit/cheque		
Luncheon	☐ Finger food buffe	] Finger food buffet – cold		d by NPF n-public funds	
Meet and greet	Finger food buffet	t – hot	GL:		
Meeting	Finger food buffet – hot + cold Joining member lunch (Tues./Fri.)				
Promotion/change of Appt.			Pay by attendees at the ba		
Social gathering/party	Just the space		Budget		
Townhall/orientation	🗌 Lunch table servi	се	¢		
Other:	Pass around appe	etizers	\$		
Culinary restrictions/dietary requirements		Additional comments (Details, special instructions, room requests, special attendees)			

## Submission

I understand this request to use the Senior Staff Mess doesn't guarantee approval. As the OPI, I acknowledge my CF1 number may be used for invoicing, however it will not effect my DMIL pay. I understand that outside food is not permitted in the Mess.

OPI signature

Date