





## CATERING ORDER FORM

| Date: Requested by:   |          |                 | Contact No:          |
|---|----------|-----------------|----------------------|
| Organisation / Company:   |          |                 |                      |
| Address: Email:   |          |                 |                      |
| (If different) Contact Name:  |          | Contact No:     |                      |
| Catering Menu Selection / Product Description  Please make your selection from the attached Menu/Product Pricing List |          |                 |                      |
| Morning Tea □   | Lunch □  | Afternoon Tea □ | Price Category \$p/p |
|   |          |                 |                      |
|   |          |                 |                      |
|   |          |                 |                      |
|   |          |                 |                      |
|   |          |                 |                      |
| We can also supply the following extras. Please tick items required:  |          |                 |                      |
| 1lt Juices − Orange Qnt / Apple Qnt / Bottled Water (600ml) Disp. Catering Supply Sets □                              |          |                 |                      |
| No. of People:  | Date Req | uired:          | Time Required:       |
| Special Food Requests: Yes □ No □ No. of People: GF: V: Allergies:  |          |                 |                      |
| Pick Up ☐ Delivery ☐ - Venue Address:   |          |                 |                      |
| Office use only   |          |                 |                      |
| Cost:   |          |                 |                      |
| Approved by:  |          |                 |                      |