**COFFEE AND SOUL**

**CATERING ORDER FORM**

Name of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_

**Ph: 9466 3299**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_\_\_

Time Required: \_\_\_\_\_\_\_\_\_\_ Time Finished: \_\_\_\_\_\_\_\_\_\_

Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost Centre: \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ - 36711

Department Authorised Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organiser Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT \_\_\_\_\_\_\_\_\_

Please Complete ALL sections above

*Delivery is available from 8.00am until 3.00pm. To ensure we can best satisfy your requirements, please make catering requests to café staff AT LEAST 4 working days in advance. Please confirm specific requirements with the café. Coffee Orders should be made on the Coffee Order Form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Catering Requirement**  **(Breakfast/Assorted cakes/sandwiches/**  **tea trolley etc)** | **No. People/ Pieces** | **Notes/**  **Dietary Requirements** | ***Office Use*** |
| Breakfast |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Morning Tea |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Lunch |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Afternoon Tea |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total Charge: \_\_\_\_\_\_\_