

venues and catering request form

Please submit and confirm your order at least 48 hours prior to function.
 A 20% surcharge applies to all orders and amendments made outside this timeframe.
email: MNRS.Venues.Catering@health.qld.gov.au
phone: 3646 3511 **fax:** 3646 6356

day and date required

function name

location: building, room no

number of guests

name/ phone number for order

email address

contact number on day of function

order number

department/ company

cost centre code

address

city state post code

phone number abn no

function approval

name and signature of service line executive director

all others to provide name and signature of the approved financial delegate

unsigned copies are the responsibility of the applicant

catering request identification no.

cost \$

meet and greet tea and coffee

time: ____:____ am

\$3.00 per person

delivery time

start time

finish time

breakfast additional requirements/ other items

delivery time

start time

finish time

morning tea additional requirements/ other items

delivery time

start time

finish time

lunch additional requirements/ other items

delivery time

start time

finish time

afternoon tea additional requirements/ other items

Please note platters are supplied in even numbers only. This means if ordering in odd numbers you will receive and be charged for one extra serve on each platter.