

venues and catering event 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

(requiring alcohol)

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

liquor approval - licence no. 174122

licensee approval

request approval

approved rejected

rejected for reason of:

food requirements

delivery time

start time

finish time

beverage requirements

delivery time

start time

finish time

room set up (if required)

running sheet (schedule) of event

additional requirements/ requests

unsigned copies are the responsibility of the applicant

catering request identification no. cost \$