

ATT B

FUNCTION CATERING BOOKING FORM



DCS - Department of Community Safety

Client Name: A/AC John Cawcutt **Function Type:** Meeting

Invoice to: by Eftpos **Building:** _____

Email: sharon.buckley@qfes.qld.gov.au **Room Name:** B2.32 Conference Room

Ph: _____ **Function Date:** 27 January 2015

Start time: 12.00 noon

For further information relating to catering please contact:
 Catering Manager - Alanna Power
 07 3109 7600
 dcskedron@queenslandcatering.com.au

OFFICE USE ONLY

PAYMENT METHOD	BOOKING DATE	QCS MANAGER	INVOICE NO

ITEM	DESCRIPTION	TIME TO BE SERVED	PAX	COST PER HEAD	TOTAL
Tea & Coffee	Premium	12.00pm	10	\$3.90	\$ 39 - 00
Lunch	Sandwiches	12.45pm	10	\$4.60	\$ 46 - 00
	Mini pies & sausage rolls (2 pieces)	12.45pm	10	\$3.50	\$ 35 - 00
					\$ -
					\$ -
TOTAL					\$ 120 - 00

Client Signature: _____

Provision of credit card details and completed form is confirmation of booking. Credit is held as security only and will only be charged if invoice is not paid by due date. Confirmed numbers must be provided 48hrs prior to function.

CREDIT CARD DETAILS *PAID BY EFTPOS \$120.00*
23/01/15 11.43

Card Holders Name: _____ Expiry Date: _____

Card Type: MasterCard / Visa / Bankcard / Amex

Card Number:

Card Holders Signature: _____

All orders must be placed with at least 48hrs notice.

Please be advised that function clean up by our staff must be completed by 3:15pm. If you require a function to run later than 3:30pm a staffing charge will apply. Please email completed form to dcskedron@queenslandcatering.com.au

[Signature]
29/1/15

DEPARTMENT OF COMMUNITY SERVICES

KEDRON PARK
QLD CATERING
TAX INVOICE
ABN: 31 519 293 443

#286659 3 CASHIER 23/01/15 11:43:31

Att B.

TERMINAL
REPEATED

CUSTOMER
CARD NO.
EXPIRES

CONFECTIONERY* \$120.00

TOTAL \$120.00

Total Items: 0

GST Subtotal \$120.00

GST Amount \$10.91

EFTPOS \$120.00

THANKING YOU

Catering Tues 27/1/15

SACR
M
TOTAL \$120.00

APPROVED
23/01/15
THANK YOU