University of the Highlands and Islands Moray College

CATERING ORDER FORM

OFFICIAL USE ONLY			

ACCOMMODATION					
REF. NO.	A	C			

This form to be submitted AT LEAST 10 days prior to Event Date.
All relevant sections MUST be completed.

CONTACT DETAILS

Hirer Contact Name

Name of Organisation

Telephone (Day) **(Evening)** **FAX**

Event Date

(* CIRCLE as appropriate)

TIME	QTY	DESCRIPTION	OFFICIAL USE ONLY £ per person	OFFICIAL USE ONLY £ TOTAL
		EARLY MORNING: *Tea/Coffee, Scones (after 9.30am)*/Homebakes*/Biscuits**		
		MID MORNING: *Tea/Coffee, Scones*/Homebakes*/Biscuits**		
		LUNCH: *Soup*		
		Sandwiches		
		2-course lunch (POA)		
		3-course lunch (POA)		
		Option 1		
		Option 2		
		Option 3 - Finger Buffet (POA)		
		AFTERNOON TEA: *Tea/Coffee, Scones*/Homebakes*/Biscuits**		
		EVENING FUNCTION *(by prior arrangement)*		
		WATER *(please specify requirements):*		
		SPECIAL REQUIREMENTS *(please specify requirements):*		
			Subtotal	
			VAT	
			TOTAL	

Signature _____ Date _____