

# 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:** RBWH\_Venues\_and\_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** **\$3.00 per person**

time:  :  am

delivery time <input type="text"/>	breakfast additional requirements/ other items <input type="text"/>
start time <input type="text"/>	
finish time <input type="text"/>	

delivery time <input type="text"/>	morning tea additional requirements/ other items <input type="text"/>
start time <input type="text"/>	
finish time <input type="text"/>	

delivery time <input type="text"/>	lunch additional requirements/ other items <input type="text"/>
start time <input type="text"/>	
finish time <input type="text"/>	

delivery time <input type="text"/>	afternoon tea additional requirements/ other items <input type="text"/>
start time <input type="text"/>	
finish time <input type="text"/>	

delivery time <input type="text"/>	other events <input type="text"/>
start time <input type="text"/>	
finish time <input type="text"/>	

**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.**