



Hospitality Group

ABN: 71700263536

PO BOX 3132

Newton SA 5074

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Catering Order Form

Contact and Billing Details

Name: _____
 Phone Number: _____ E-mail address: _____
 Department/Company (if applicable): _____
 Cost Centre (if applicable): _____
 Billing Address: _____
 Credit Card Details: Master Card Visa Fax No For Receipt: _____
 Number: _____ Expiry: __/__/__ Name: _____
 (Credit Card will be charged day of delivery)

Date and Location Details

Date of catering: _____ Time of catering/delivery: _____ Finish Time: _____
 Number of People we're catering for: _____ Pickup or Delivery: _____
 Location of catering: _____

QTY SANDWICH PLATTER Time: _____

Sandwiches - 10 ppl \$75.00

FRESH BAKED BAGUETTE PLATTER Time: _____

10 ppl \$80.00

HEALTHY WRAP PLATTER Time: _____

10ppl \$75.00

TOASTED WRAP PLATTER Time: _____

8 ppl \$75.00

BABY TURKISH ROLLS PLATTER Time: _____

20 baby rolls \$85.00

ASSORTED PARTY PLATTER Time: _____

36 Pieces \$45.00

66 Pieces \$82.50

DIPS PLATTER Time: _____

10-15 people \$70.00

CHEESE AND FRUIT PLATTER Time: _____

10-15 people \$75.00

BREAKFAST PLATTER Time: _____

20 Pieces 10 ppl \$70.00

SLAB CAKES Time: _____

24 Pieces \$69.00

SWEETS PLATTER Time: _____

30 Pieces \$65.00

COFFEE & TEA Time: _____

\$3 per head

\$10 per 2L Orange Juice Time: _____

\$3.80 per 1.5L Spring Water Time: _____

CHICKEN PLATTER Time: _____

10-15 people \$80.00

SALAD PLATTER Time: _____

9-10 People \$65.00

Selection _____

QTY TURKISH BREAD/FOCACCIA PLATTER Time: _____

8 ppl (32 pieces) \$75.00

ANTIPASTO PLATTER Time: _____

10-15 people \$90.00

ORIENTAL PLATTER Time: _____

96 pieces \$60.00

192 pieces \$100.00

PIZZA PLATTER Time: _____

48 pieces \$68.00

FRUIT PLATTER Time: _____

Small \$35.00

Large \$70.00

MUFFINS Time: _____

10 Muffins \$35.00

20 Muffins \$70.00

ASSORTED PETITE DANISHES Time: _____

24 pieces \$36

30 pieces \$54

BISCUITS Time: _____

.50c per head

SUSHI PLATTER Time: _____

36 Pieces \$60

48 Pieces \$75

60 Pieces \$90

72 Pieces \$100

QUICHE Time: _____

30 pieces \$36.00

60 pieces \$72.00

PASTA PLATTER Time: _____

10 people \$70

Selection _____

Please Note: Charges May Apply For Deliveries to Certain Area, Please enquire where required.
 Any lost or damaged platters, urns or thermoses will be charged at the customers expense, the customer will be notified accordingly. Unless prior arranged all equipment must be returned before close of business.

OFFICE USE ONLY

Invoice No: _____ Date Invoice Sent: _____ Mailed/E-mailed/faxed TOTAL BILLING _____
 (pls circle)