

MILSEAN FRESH and MILSEAN FRESH CAFÉ

-2/21/17mr

LANGLEY MEMORIAL HOSPITAL ON-SITE CATERING ORDER FORM

*** FOOD & BEVERAGE SERVICE ***

(Please complete both Pages 1 and 2)

Page 1

Minimum order of \$45.00 required.

Lead Time: 48 business hours prior to Catering Date REQUIRED. Note: No food catering services on weekends.

Cancellation: 48 business hours notice of cancellation required without charge.



Please print out and fax or email completed form (pages 1 and 2) to Milsean Shoppe.

We will contact you upon receipt of order.

Fax: 604-856-6176 OR Email: milsean@telus.net

Date & Time Order was Placed:	Date for Catering:
Contact Name & Company:	Delivery Drop-off Time:
	Retrieval Time:
Contact Phone #:	On-Site Phone #:
BILLING INFO:	Delivery Location:
Name:	
Address:	
Phone # or Email:	

Please list selection of food items from our Menu and indicate quantity of _____ # of people at event _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Qty = _____

Items to be Returned, etc.

- ___ Table Garnish (fresh flowers, etc.)
- ___ Black Table Covers (\$40)
- ___ Product Signs
- ___ serving platters (wicker, ceramic, etc.) (\$20)

Food Service

- ___ Salad Bowls (\$25-\$35)
- ___ Serving Baskets (\$10)
- ___ Crock Pot (\$65)
- ___ Soup Ladles (\$15)
- ___ Serving Tongs (\$9)

NOTE: Prices below indicate what you will be billed if items not returned

- ___ Soup Spoons
- ___ Teaspoons
- ___ Forks
- ___ Knives
- ___ Soup Bowls
- ___ Small Plates
- ___ Large Plates
- ___ Napkins

Please complete Beverage selection on Page 2

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HOT BEVERAGES

8-cup Urn Premium Medium Roast Coffee (8 x 8oz portions) # of Urns = _____

Organic Tea Selection - Please indicate quantity for each variety. Urn(s) of Hot Water and cups included

English B'fast x _____	Decaf English B'fast x _____	Earl Grey x _____
Green Tea x _____	Peppermint x _____	Chamomile x _____

Urn of Hot Water - extra (w/o tea) # of Urns = _____

Water Jug (cups included) # of Jugs = _____

COLD BEVERAGES

Please list selection of cold beverages from our Menu and indicate quantity of each.

Qty =	Qty =
Qty =	Qty =
Qty =	Qty =
Qty =	Qty =
Qty =	Qty =
Qty =	Qty =
Qty =	Qty =
Qty =	Qty =

Items to be Returned, etc.

___ Table Garnish (fresh flowers, etc.)
 ___ Black Table Covers (\$40)
 ___ Product Signs

Beverage Service

___ Coffee Thermus (\$55-\$85)
 ___ Hot Water Thermus (\$55)
 ___ Cream Thermus (\$35)

NOTE: Prices below indicate what you will be billed if items not returned

___ Milk Thermus (\$35)
 ___ Water Jug (\$35)
 ___ Cold Cups-Small
 ___ Hot Cups-small
 ___ Stir Sticks
 ___ Napkins

Please complete Food selection on Page 1

For Food and Beverage Service, please ensure that you complete and send us both Pages 1 and 2. Thank you!

<u>Office Only</u>	<u>Customer:</u>	<u># of people</u>
<u>Date</u>	<u>Time</u>	<u>Place</u>

