

Address:
900 North

My Restaurant

Event Confirmation

My Catering Company

City: Springfield

State: MO **ZIP:** 65802

My Restaurant

Phone (427) 873-753 **Ext:**

Fax : (427) 773-7795 **Email:** my@myemail.com

Customer Information:

Customer Number: D040004-018

Address: University

Customer Name: Education Department

900 North

Contact Person: Lolita

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City: Springfield

Phone: (538) 873-7344 **Ext:**

State: MO **Postal Code:** 65802

Fax : (538)

Tax Exempt Number:

Email: #mailto:#

Charge Account: 104-10127-029

Payment Terms:

Event Information **Event Description:** Ed. Dept. Breakfast

Date of Event: 4/25/2006 **Reserv No.** 4798 **Start:** 8:00 AM **End:** 12:00 PM **Guests Guaranteed:** 55 **Event Menu:** Hot Breakfast w/ the works

-Scrambled Eggs

-Bacon & Sausage

-Golden Hash Browns

-Biscuits & Gravy

-Fresh Fruit Tray

-Orange Juice

-Water

-Coffee

Location Name: My Restaurant

Room Number: 1A

Room Name: Indoor Dining Room

Location Notes: Write special instructions here.

Type of Service: Buffet-Informal

Color Scheme:

Head Table Info:

Event Cost Detail

Item ID:	Item Name:	Quantity:	Unit Description:	Unit Price	Discount:	Extension:
412	Hot Breakfast with the Works	55.00	Per Serving	\$7.65	16.00%	\$353.43

Event Payments

Subtotal: \$353.43

Event Taxable (Yes? Event Tax Amount: \$0.00

Surcharge \$0.00

Total Event Amount: \$353.43

Price per Guaranteed Guest: \$6.43

Payment Received: \$0.00

Amount Due: \$353.43

CONFIRMATIONS

Upon receipt of your order, Food Management will confirm your Selection via fax. Please review the confirmation thoroughly. If the order is correct, please sign it and fax it back to 427.645.7000. If there are changes or corrections, please call 427.645.7000. All catering events require a signed confirmation before the event will be executed.

GUEST GUARANTEE

All guarantees of guest counts and times are required four business days (Monday-Friday) before the event. If you do not contact us with a final count four business days prior to the event, we will prepare for the estimated count from the signed confirmation and charge accordingly. Please confirm your guest count with Food Management at 427.645.7000.

CANCELLATIONS

There is no charge for cancellations made at least four business days (Monday-Friday) before the event. Cancellations made fewer than four days prior may incur partial charges. Cancellations made within 48 hours of the event will incur 100% of the charges.

Food and non-alcoholic beverages must be provided by Food Management at catered events, with the exception of wedding cakes, special mints and/or other approved specialty items. Per Missouri Health Code, Food Management does not allow any leftover food items to be taken home.

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SECURITY AND LIABILITY

Food Management will not assume any responsibility for the damages to or loss of any merchandise or articles left at the function prior to, during, or following an event. If any valuable items are to be left in the banquet area, it is recommended that a security patrol be retained.

CHARGES AND PRICING

All events are based on a two-hour period for meal and program. If the event goes over the two-hour period, there will be an additional labor charge of \$15.00 per labor hour until the event concludes.

Bartending Services\$18.00 per hour per bartender

Additional Servers\$15.00 per hour per server

Cake Cutting Services.....\$0.75 per guest

All service is entered without gratuity. However, if you choose to reward the staff for their service, any gratuity will be welcome and should be given directly to the employees.

BILLING

All events not being charged to a campus account number will be subject to sales tax unless we are provided with a tax exemption letter at the time the guarantee number is given. All events that are not billed to a campus account number will require a 50% deposit two weeks prior to the event with the balance due at the completion of the event. We accept cash, check (please make checks payable to Food Management) and all major credit cards, except American Express.

Reserv N 4798

Customer Signature: _____ **Date:** _____