Compass Café Catering Order

1385 S. Andrews St, Seymuor Johnson AFB 27531 (919)722-0394

	POC/Organ	nization:				Event:			
						Date:			
	Telephone:			Fax:		2 4 4 5 1	Guests:	65	
I will provi	de a minimum guarante	ee on the nu	umber of gu	ests to be s	erved 72 ho	urs in advan	ce. A variat	tion	
•	is not permitted, and I				_				
-	d number. I will make o			ment to the	Compass Ca	fé cashier or	nly. I under	stand	
that I acce	pt personal liability for	individuals (on this list.						
I certify th	at this function is purely	y of a social	nature and	is in no way	in furthera	nce of a con	nmercial bu	ısiness	
enterprise	, firm, or venture with v	which I may	be associat	ed or emplo	yed. Tunde	rstand that	only author	rized	
•	are allowed to attend t	•		•				d that food	
beverage i	tems may not be broug	ht into the	Compass Ca			by the mana	ger.		
	Chart Times		Final Time or	ROOM	1 SET UP	Comina		Bar:	
	Start Time:		End Time:	MENIIS	ELECTION	Serving:		Bar:	
	Price Per								
	Food/Service Items			<u>Person</u>		Quantity	<u>Unit</u>	To	<u>tal</u>
								\$	_
								\$	_
								\$	
								\$	
								\$	
		<u> </u>						\$	
		 						\$	
	Sub Total	<u> </u>							
	Room Charge								
	Linen Charge								
	Service Charge								
	Total Due:								
	SPECIAL REQUESTS/COMMENT SECTION								
	Set up 14:45 buffet style Eagles Landing								
	PAYMENT INFORMATION								
	TAILLE THE STATE OF THE STATE O								
	Pymt method: Cash/Visa/MasterCard/Amex/Check								
	Expires:		CVV Code:		Signature				
	CT STATEMENT			3; 44 U.S.C 310		ROUTINE US	E: NONE		
	RPOSE: To verify information reg oluntary: Failure to provide the r	= -		•	•		tract		
PISCIOSUI E IS VI	orantary. I anure to provide the r	iecessary illioriti	iation, nowever	may cause a reju	schon or this spe	ciai iunction com	ıracı.		
Catering Representative:				Date:			Client: Date:		