



Food Service Order Form

PO Box 3000, The Pas, MB R9A 1M7
Cafeteria – Tel: 204-627-8381 Fax: 204-627-8808

Bill to: (External Use) ...PLEASE PRINT...

Name: _____
Address: _____
Town/City: _____
Province/Postal Code: _____
Telephone: _____
Fax: _____
Date: _____
Attending: _____
Time: _____ to _____

Bill to: (Internal Use) ...PLEASE PRINT...

Budget Centre: _____
Financial Coding: _____
Event/Function: _____
Date: _____
Time: _____ to _____
Attending: _____
Submitted by: _____
Name of Signing Authority: _____
Signature of Signing Authority: _____
Reason for meeting: _____

Service Details: ...PLEASE PRINT...

Menu:

Deliver to:

Special Requests/Food/Decorations/Tablecloths/etc:

For UCN internal events/functions please include a list the names of all attendees. You can use the back of this form or on a separate page. Reason for the meeting must be indicated.

Please check appropriate box below:

☐ Quotation ☐ Estimate

Sub-Total

PST

GST

Total

Please make all cheques payable to **University College of the North**

If you have any questions concerning this invoice, please contact Rushawn Head, Cafeteria Supervisor at 204-627-8381

This information is available in alternate formats upon request.

THANK YOU FOR YOUR BUSINESS!

October 19/26