

Catering Order

Ref.No. _____

Date _____

Client Information

- Client Name: -
- Company Name: SOS
- Contact Number: -

Event Details

- Event Name: MEETING
- Event Date: August 13-14/24
- Event Time: Morning
- Number of Participants: 60
- Event Location: Lucy
- Event Duration: Full day

Services

Full day refreshment , lunch buffet fasting

Billing Instructions

- Please contact Ms. Hana Haftu for billing instructions
- 1st day: According to Request, the next day: According to Available Number

Service Approval

Prepared by: Hanna Haftu



Approved By: Abrham Seged



CC - Department

- F&B
- Kitchen
- B&R
- IT
- Reception
- Finance
- Security
- House Keeping
- Control