

Micros RES

Site Survey



Contact Information

Company Name		Site Phone Number
Address		Fax Number
City, State, Zip		Site Concept (ie: TSR, QSR)
Key Points (Below):		
Contact		
Position	Phone	Email
Contact		
Position	Phone	Email
Contact		
Position	Phone	Email
Contact		
Position	Phone	 Email



Micros Software

	e7		Other
	RES		
	Guest Services Solutions		
	Kitchen Display System		
	Financial Management		
	Labor Management		
	Product Management		
	MyMicros.net		
	Alert Manager		
Inte	erfaces		
		-	
		-	
		-	



Micros Hardware

Server:		Cable:	DSL:	Phone:	
Workstations (Number	Of Each):				
Eclipse:	Workstation 4:		ННТ:	_ KB WS 4:	
Workstation Names:					
	_				
Local Printers (Number					
TM 88 (IDN):	TM 88 (Seria	al):	TM U220:		
TM U230:					
Remote Printers (Numb	per Of Each):				
TM 220:	TM 230:				
Remote Printer Names:	:				
Kitchen Display Syster	m:				
KDS Names:					



Micros Hardware Continued

Cash Drawer:			
Scanner:			
Metrologic:	Symbol:	Other:	
Scale:			
Pole Display:	Customer Disp	lay:	
•	Printer (Make And Mode		
* Additional Commo			



System - Restaurant Location Name: _____ Fiscal Year Start Date: Fiscal Year Type: Monthly: ____ 13 Periods: ____ 4/5/4: ___ 4/4/5: ___ 5/4/4: ___ System – Time Periods _____ To ____ Other: To Breakfast: Lunch: _____To ____ Other: _____ To ____ Dinner: _____ To ____ Other: _____ To ____ Late Night: _____ To ____ Other: _____ To ____ System – Order Types Dine In: Retail: Bar: Other: To Go: Other: _____ Delivery: Other: _____ * Please Check Below If These Options Will Be Used * ☐ Future Order ☐ Delayed Order ☐ Time Order

Auto Fire Time: _____min.



Sales – Dashb	oard		
☐ Quick Servi	ce Restaurant		
☐ Table Service	ce Restaurant		
□ Contests			
Employees –	Employee Class	S	
Manager:		Cashier:	 Other:
Asst. Manager:		Clock In Only:	 Other:
Bartender:		Other:	 Other:
Server:		Other:	 Other:
Host:		Other:	 Other:
Employees – .	Jobs		
Manager:		Host:	 Prep:
Asst. Manager:		Bar Back:	 Other:
Supervisor:		Busser:	 Other:
Bartender:		Expoditer:	 Other:
Server:		Cook:	 Other:



Employees – Time & Attendance

Payroll Type: Bi-Weekly Mon	nthly Semi-Mor	nthly 4 Week	
Labor Week Start Day: S M	T W T F	S	
Labor Week Start Date:			
Labor Categories:			
Management:	Back Of House:	Other:	-
Front Of House:	Other:	Other:	-
Enable Time Clock Schedule:	Y N		
Enforce Scheduled Breaks:	Y N	Prompt For Break On Clock Out: Y	N
Hours Worked Before Overtime:			
Sales – Descriptors Sales Itemizers			
		5	
1		5	
2		6	
3		7	
4		8	
Headers			
☐ Logo Printing			
1			
2			
3			
4			
5			



Trailers

Barcode Printing



Sales – Discounts/Service Charges

Discounts:

Name	\$ %	Item Disc.	Mgr. Only	Food	Beer	Liquor	Wine	Retail
Open								
Manager								
Employee								



$Sales-Discounts/Service\ Charges$

Service Charges:

\$ %	Standard Svc. Chg.	Non Revenue Svc. Chg.	Post To Svc. Chg. Total	Post To Tips Paid	Post To Charged Tips	Do Not Post To Emp. Tips
		Svc.	Svc. Revenue Chg. Svc.	Svc. Revenue Svc. Chg. Chg.	Svc. Revenue Svc. Tips Paid Chg. Svc. Chg.	Svc. Revenue Svc. Tips Paid Charged Chg. Svc. Chg. Tips



Sales – Tender Media

Tender Media:

Name	Manager Auth.	Reference	PMS Link
Cash			
Check			
Visa			
Mastercard			
AMEX			
Discover			
Gift Certificate			
House Accounts (Provide List)			
Tips Paid			
Paid Out			



Sales – Quick Count Inventory

* Please C	Check Below	If This	Option	Will	Be	Used	*
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☐ Quick Count Inventory

Sales – Tax Rates

Tax Name	Add On	Inclusive	%	

Tax Rates By Order Type

Order Type	Food	l Tax	Bar	Tax	Retai	1 Tax	Other		Other	
J.F.	Inc.	Add On	Inc.	Add On	Inc.	Add On	Inc.	Add On	Inc.	Add On



Reporting

Revenue Center	Cashier	Server Banking	Auto Tips Paid

GSS - Gift Cards Is This Customer Using Gift Cards: Y N Gift Card Provider: ☐ Customer Connection ☐ Micros GSS ☐ Micros iCard □ Paymentech ☐ Stored Value Systems □ ValuTech ______ ______

GSS – Delivery

Delivery Time: ____min.



GSS – Account Receivable

*	Please	Check	Below	If This	Is	Being	Used	*
						8		

 \square AR

- * Please Include A List Of The Following Information
- All Available Accounts/Members
- Account Limits For Each Account/Member

GSS – GL Accounts

* Please Include A List Of GL Accounts (If Available) *

GSS – Coupons

Coupon Name	Effective Dates	Expiration Time Frame

GSS - Gift Certificates

GC Name	Effective Dates	Expiration Time Frame	Sell As Svc. Charge	Sell As Menu Item



GSS – Bonus Plans

Bonus Plan				Bonus	Method						Bonus Reset					
Name	By Order Count	By Order Value	By MI Count	By MI Value	By MG Count	By MG Value	By FG Count	By FG Value	Value		Day Of Week	From & To Hours	Points	This Def.	All Def.	Dates

Bonus Plan Name	Bonus Action						
	\$ Amount	% Discount	Award Coupon	Award GC			



Micros Required Programming Information

Menu Items

- o Breakfast Menu
- o Lunch Menu
- o Dinner Menu
- o Kids Menu
- o Beer, Wine And Liquor Lists With Happy Hour Pricing
- o Ala Carte Items
- o Retail Items
- Customer Must Provide Complete Pricing Structure For All Menu Options (Ie: All Required Preps And All Add On Items)
- o Recipe Information (If Applicable)

Employees

- o Employee First And Last Name
- o Job Codes
- o Pay Rates For Each Job
- If There Is A Predefined Number You Would Like Them Have For Clock In And Sign In Functionality, Please Provide

Time And Attendance

- Payroll Type
 - Weekly
 - Bi-Weekly
 - Semi-Monthly
 - Monthly
- o Payroll Start Date

System Information

- o Revenue Center Names
- o Hours Of Operation
- o Floor Plan



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Signature	Date
	* Infinity POS *



Credit Cards

• The customer will be responsible for contracting with a credit card processor.

Timeline

- Upon receiving the customer's signed contract for the Micros system, a credit card form will be submitted to Merchant Link by Infinity POS with the customer's contact information.
- A representative from Merchant Link will contact the customer for the credit card processor's name and contact information as well as the acquiring bank.
- The processor will complete a set of terminal id's to use with the Micros system and provide Merchant Link with that information upon completion.
- o Merchant Link will test the id's and verify that they have been programmed correctly.
- Merchant Link will contact Infinity POS when the testing phase is complete and an installation will be scheduled.

Support

- o Infinity POS is not involved with the programming and testing of the terminal id's.
- Any issues with the processor and acquiring bank should be handled with an appropriate representative for each respective company.
- The customer can contact our representative at Merchant Link for installation and support concerns by calling 301.562.5001.



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Signature Date	
* Infinity POS *	



Network And Security

Wiring

- The customer will be responsible for the contracting and installation of the wiring for your new system.
- Infinity POS can provide recommendations for a third party company to wire your building upon request.
- Infinity POS will provide a riser diagram for the network layout and must be done according to standard Cat. 6 requirements. The contracted company must provide a document that certifies each drop.
- Infinity POS will not be responsible for the wiring, termination or labeling of the drops. The wiring will be reviewed by one of our technicians and must be done one to two weeks prior to the installation.

Phone Lines

- If high speed internet is not an option, you must provide two dedicated phone lines for the Micros system.
 - One phone line will be dedicated for credit cards.
 - The second phone line will be dedicated for remote support.
- Infinity POS will not order phone lines on your behalf or do terminations at the incoming switch board.

Internet

- o If you choose high speed internet, you will be responsible for the ordering and scheduling of the installation with the cable or dsl provider.
- One dedicated phone line must be provided as a backup for credit cards in the event that the internet is unavailable. (A DSL Line will meet this requirement)
- Infinity POS will not be responsible for the maintenance and/or support of non-Micros related hardware.
- o Infinity POS will provide a standard hardware firewall and anti-virus program. It is the responsibility of the customer to maintain and update the virus definitions.



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Micros Training Guidelines

Manager Training

Location

845 Robinwood Court Traverse City, MI 49686

Or

3033 Orchard Vista Drive Grand Rapids, MI 49646

- Manager Training will consist of 2 3 days, 9:00 am to 4:00 pm (Scheduled between M F)
- Below is a list of what you and your managers will be trained on (including, but not limited to)
 - o Front of House operations
 - o Back of House operations
 - o Reporting
 - Daily maintenance of the Micros system
 - Adding/changing menu items
 - Adding/changing employees
- Before the completion of Manager Training, there is a set of signoff documents that is required
 - Operator signoff
 - Key Operator signoff
 - Final Database Review signoff

Staff Training

- Location
 - o Staff Training will be at your establishment.
- Schedule
 - Scheduling of the Staff Training will be your responsibility.
 - Staff Training can be held between the hours of 8:30 am − 5:30 pm (M − F), approved by Infinity POS.
 - o Each training will consist of 1 ½ hours with no more than two people per workstation.
 - If you have bought four workstations, schedule eight people.
 - At the completion of the Staff Training, there will be an Operator Signoff to complete for each of your employees in training.



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Signature	Date	



Micros Training Schedule

Manager Training Day 1: Date: ______ M T W T F _____ To ____ Scheduled Time: Date: _____ M T W T F Day 2: Scheduled Time: _____ To ____ Date: ______ M T W T F Day 3: _____ To ____ Scheduled Time: **Staff Training** Session 1: Date: _____ M T W T F _____ To ____ Scheduled Time: Date: _____ M T W T F Session 2: _____ To ____ Scheduled Time: Date: _____ M T W T F Session 3: Scheduled Time: _____ To ____ Date: ______ M T W T F Session 4:

Scheduled Time:

_____ To ____



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Manager Training Day 1: Date: _____ M T W T F _____ To ____ Scheduled Time: Date: _____ M T W T F Day 2: Scheduled Time: _____ To ____ Date: _____ M T W T F Day 3: _____ To ____ Scheduled Time: **Staff Training** Session 1: Date: M T W T F _____ To ____ Scheduled Time: Date: ______ M T W T F Session 2: _____ To ____ Scheduled Time: Date: _____ M T W T F Session 3: Scheduled Time: _____ To ____ Date: ______ M T W T F Session 4: _____ To ____ Scheduled Time:

Signature

Date