

FUNCTION ROOM BOOKING SHEET

PAX:(Nos) _____

Day: _____ Date: _____

Time: _____ to _____

CLIENT DETAILS: Name: _____

Organisation: _____

Phone: _____ Fax: _____

Email for Correspondence: _____

Email for INVOICE: _____

Address: _____

ROOM SETUP (SUBJECT TO CENTRE STAFF HAVING ACCESS TO ROOM)

Boardroom _____	Theatre Style _____	Top table _____
Classroom _____	U Shape tables _____	U Shape _____

EQUIPMENT REQUIREMENTS

White board & pens _____	Overhead Proj. _____
Lecturn _____	TV & Video _____
Large Screen _____	Data Projector _____

CATERING

Kitchen: Yes _____ No _____ Caterer _____

Morning tea: Time _____ Lunch: Time: _____ Afternoon tea: Time _____

\$ Per head _____

Notes: _____

BILLING INSTRUCTIONS

Invoice to be posted _____	Invoice with key _____	Purchase Order No: _____
To Pay on day _____	Collect Key _____	

COSTINGS

Room Hire _____	Booking taken by: _____
Kitchen _____	Date: _____
O H P _____	Invoice no: _____
Large Screen _____	Confirmation letter sent
Catering _____ (_____ @ _____)	by _____ date _____
Cleaning _____	
TV & Video _____	
Data _____	
W/b pens _____	
TOTAL _____	

Notes: _____