My Restaurant

Event Reservation

My Catering Company

Reservation No. 4798

My Restaurant

Bill Event To:

Customer Number: D040004-018
Customer Name: Education Department

Outside Customer ☑ Yes
Contact Person: Lolita S

Phone: (538) 873-7344 **Ext:**
Fax : (538)
Email: mailto:
Address: University
900 North
City: Springfield
State: MO **Postal Code:** 65802
Charge Account: 104-10127-029

Event Information:

Date Tuesday, April 25, 2006
Event: Ed. Dept. Breakfast

Start:	Set By:	End:	Clean:	
8:00 AM	**7:30 AM**	12:00 PM	4/25/2006	12:30 PM

Guests Expected:	Guests Guaranteed:	Guests to Set For:
50	55	**55**

Location Name My Restaurant
Room Number: 1A Indoor Dining Room
Address: 225 Main Street

City: My Town
State: MO **Postal Code:** 00000
Sales Person:
Sale Category: Off Premises

Service Information:

Type of Service: Buffet-Informal
Color Scheme:

Head Table Info:
Customer Demography:

Service Provided by: My Restaurant
Phone: (427) 873-7536 **Ext:**
Fax : (427) 773-7795
Email: my@myemail.com

Special Instructions:
Write special instructions here.

Event Menu:

Hot Breakfast w/ the works
-Scrambled Eggs
-Bacon & Sausage
-Golden Hash Browns
-Biscuits & Gravy
-Fresh Fruit Tray
-Orange Juice
-Water
-Coffee

Special Instructions:
Write special instructions here.