



Catering Contract

Please Make Cheques payable to: **Treaty Four Restaurant**

P.O. Box 155
Fort Qu'Appelle, Sask. S0G 1S0
Restaurant: (306) 332-8217 Main: (306) 332-2600
Fax: (306) 332-1232

*** Facility Rental Invoiced Separately ***

**** Absolutely No Outside Foods or Beverages Allowed ****

***** Menu Items and Catering Prices Available upon Request *****

Group/Function: _____

Contact Person: _____

Date(s) of Function: _____

Phone # of Contact Person: _____

Fax # of Contact Person: _____

Meeting Start Time: _____

Purchase Order #: _____

Meeting End Time: _____

Billing Address: _____

Number of People: _____

Coffee/Beverages Served: Yes No

Meal Served: Yes No

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

Date: _____ Time: _____ AM / PM

TERMS OF CONTRACT

1. I have read this catering contract and by signing below agree to the agreements as stated in the guidelines.
2. I hereby certify that the above is a true statement of expense(s) and that I am aware of the policies governing the use of the facilities.
3. I understand the current catering policies and procedures and am aware of how they affect this contract.
4. By signing, I understand that I am financially responsible to pay for 100% of the final guarantee and that there is a **2% interest charge to all invoices not paid within 30 days.**
5. I understand that I am responsible to give **at least (3) working days advance notice of any cancellation**
6. If feeding more than fifty (50) people must book **no less than one (1) WEEK prior to event (function).**

Signature/Authority for payment: _____

Approved for payment: _____ / _____ / _____
Month Day Year