



PROVIDER ORDER NO:

## ALFRED HEALTH CATERING REQUEST FORM

Catering orders received less than 2 business days in advance cannot be guaranteed. All prices include GST.  
Recurrent orders valid for 4 orders only, after which a new form is required.

**Please ensure your request is in line with the Alfred Health Healthy Choices Policy and is authorised by the responsible Executive Director.**

Catering Date(s) *up to 4 dates only*: .....

Catering Delivery Time:..... Collection Time.....Contact Person:.....

PH/Mob..... No. Attending: ..... Campus..... Department:.....

Delivery Instructions.....

Dietary Requirements.....

Name of Function: ..... Cost Centre Code.....

Cost Centre Description..... Cost Centre Manager.....

**Please select an agreed provider for this service:**

- [Alf's Café](#)     
 [STREAT](#)     
 [Caulfield Hospital In-House Service](#)     
 [Coffeefields Café](#)   
[Mission Caters](#)     
 [ASRC Catering](#)     
 [Sandringham Hospital In-House Service](#)

Requirements: (Please write clearly)	Serves	Cost per serve	TOTAL
<b>TOTAL AMOUNT</b>			

I understand that this catering order complies with Alfred Health's Healthy Choices policy and non-compliant orders will **not** be paid by Alfred Health.

Cost Centre Manager Signature: .....

Date: .....

Name of Executive Director: .....

Executive Director Signature: .....

Date: .....