



EVENT ORDER AGREEMENT FORM No.

Date Issued: _____
Prepared by: _____

(Client Copy)

INCLUSIVE DATES:		DAY/S:	FUNCTION:
CLIENT:		CONTROL REFERENCE NO.	
RESERVED BY:		Tel. No. Mobile No.	
BILLING ADDRESS:		Fax. No. Email:	
BILLING ARRANGEMENTS:			
PARTICIPANTS MEETING ROOM:		TIME: From: To:	
PARTICIPANTS MEAL ROOM:		TIME: From: To:	
ANNOUNCEMENT BOARD:		COVERS GUARANTEED:	
INGRESS DETAILS /DATE /TIME:		EGRESS DETAILS/ DATE/TIME:	
VENUE SET-UP:		BANQUET REQUIREMENTS	
		ACCREDITED CATERER :	
Acknowledged by: (Superclean Services) Date:			
AV REQUIREMENTS:		MENU	
Acknowledged by:(AV Technician) Noted by: Senior Officer, PGSU Date: Date:			
GUEST ROOM REQUIREMENTS:			
Acknowledged by: (International House) Date:			
IT REQUIREMENTS:			
Acknowledged by: (SMU) Date:			
Security			
Acknowledged by: Date:			
Other Requirements:		Beverage Arrangement:	
Acknowledged by: Date:		Acknowledged by:(Accredited Caterrer) Date:	

EVENT ORDER AGREEMENT FORM No.

(Event Title)
(Venue, Date & Time)

SUMMARY OF EXPENSES:

Function Room and Meal Arrangements

<u>Date / Day</u> (Year)	Time	Venue	No. of Persons <small>(Minimum Guaranteed)</small>	Meals	Total Amount	
					Php	
	Total Estimated Cost for Function Room and Meal Arrangements					-

Accommodation Requirements

Period of Stay	No. of Rooms	Room Category	Room Nights	Daily Room Rate	Total Amount
Total Estimated Cost for Accommodation Requirements					-
GRAND TOTAL COST					Php -
Less down payment					-
Other payments made(O.R. No, Date of Payment)					
Remaining Balance					-

PACKAGE INCLUSIONS

BOOKING CONFIRMATION

Kindly sign below if you agree with the terms and conditions stated in this Event Order Agreement Form

Prepared by:

Conforme:

(Client)