



Catering Order Form

Please choose BREAKFAST, LUNCH DINNER, or REFRESHMENTS, complete the form, and submit to Food Services 24 hours in advance. Please feel free to contact the Service Provider to discuss your menu options.

Breakfast	LUNCH	DINNER	Refreshments
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of persons: _____

SAR Per Person	Total Cost
Print your request: <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>	

Service required by	Department: PO Number #:	Date service needed	
Requester (Manager or above)	Name:	Exact Delivery Time	
Request Date:		Exact Delivery Location	
Justification			
Approval Sector Head	Name:	Signature:	

To be completed after delivery of service			
Order received by: Requester or Designee		NEOM Food Services Representative	
NAME:		NAME	Giri Janapareddy F&B
Signature		Signature	
Comments		Comments	

For Service Provider (SP) use only

Service Provider Rep.		Exc. Chef/Cost Control	
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