



October 14, 1988

Department of Educational Foundations
5th Floor Education North
University of Alberta

ATTENTION: PROFESSOR M. ASSHETON-SMITH

Enclosed are the copies of your function sheets which outline all specified details regarding your upcoming deliveries for your events on Friday, October 21 and Saturday, October 22, 1988.

One copy of this function sheet is for your records. Please sign, date and return the other copy to our office prior to your event. If any changes are required for your function, contact the Food Services office (432-4411) immediately.

Our office must be advised of the guaranteed number of guests and any changes no later than three business days prior to your event. Notice of three days is also required for the cancellation of services. The guaranteed number will be the least that you will be invoiced should your numbers vary at the time of your event.

We are looking forward to the opportunity of serving you and assuring you our best efforts on your behalf at all times.

Sincerely,

Deanna Woloschuk
Catering Coordinator
Food Services Division

encl.

*Replied Oct 29 1988
by phone + mailed*

To file ma



University of Alberta
Edmonton
Canada T6G 2H6

This Event Catered by
Housing & Food Services
Lister Hall
Telephone: (403) 432-4411



University of Alberta
Edmonton

Food Services Division
Conference Office
Department of Housing and Food Services

Canada T6G 2H6

Lister Hall, Telephone: (403) ~~432-4281~~ 432-4411

SPECIAL CATERING FUNCTION

No. **F 5146**

Day/Date FRIDAY OCTOBER 21, 1988

FUNCTION: **OUTSIDE CATERING**

ROOM SET UP

TIME: 7:15 pm

LOCATION: Outside 2-115 Education North - In Foyer

* group to arrange for tables at location

OF GUESTS: 100

ORGANIZATION: Department of Educational Foundations

REPRESENTATIVE: Prof. M. Assheton-Smith

ADDRESS: 5th Floor Education North

BUS # 2556 RES #
BILL TO: indent: 64 01131

AUDIO VISUAL:

MICROPHONES:

MENU AND OTHER INFORMATION:

- * cheese & crackers for 50 @ 2.20/person
- * fresh fruit for 50 @ .85/person
- * juice for 20 @ .60/person

PAPER SERVICE:

- napkins
- PG210 ml plastic glasses
- tablecloths

BAR SERVICES: reception 8:30 pm - 10:00 pm

Exclusive Use Right on file

* 2 bartenders required @ 10.00/hr/ea (3 hr min)

7 btls 021766 Paul Masson Chablis @ 5.00

6 btls 134668 French Rabbit @ 5.90

6 btls 014449 Bereich Nierstien @ 5.30

3 btls 119628 Lindeman's Bin 45 (red) @ 7.05

2 btls 008979 Cotes du Rhone @ 8.10

wine - ALCB cost (listed above) + 10%
No returns on wine

7 dozen plastic wine glasses @ 1.32/dozen

ACCOUNT	DESCRIPTION	QTY	ADJ	NET QTY	UNIT COST	AMOUNT
33 70700 0101	cheese & crackers	50			2.20	
	fruit	50			.85	
	juice	20			.60	
	bartenders per hour ea				10.00	
33 70450 0101	wine glasses per dozen	7			1.32	
	wine:	7			5.00	
		6			5.90	
		6			5.30	
		3			7.05	
		2			8.10	

10% (wine only)

GRAND TOTAL \$ _____

"Guaranteed number is required 72 hours prior to the function. You will be billed the guaranteed number or attendance whichever is larger. We are prepared to serve 5% above the guaranteed number."

GUEST'S SIGNATURE Prof. M. Assheton-Smith

FINALIZE:
DATE: dmw 88-10-14

DATE: Oct 19, 1988

TYPED: _____ INVOICE/INDENT _____
DATE: dmw 88-10-14 DATE _____

INITIAL _____



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SPECIAL CATERING FUNCTION

No. **F 5144**

Day/Date Saturday October 22, 1988

FUNCTION: **OUTSIDE CATERING**

ROOM SET UP

TIME: **10:15 am**

LOCATION: **2-125 Education North**

* group to arrange for tables at location

OF GUESTS: **100**

ORGANIZATION: **Department of Educational Foundations**

REPRESENTATIVE: **Prof. Assheton-Smith**

ADDRESS: **5th Floor Education North**

BUS # **2556** RES #
BILL TO: **indent: 64 01131**

AUDIO VISUAL:

MICROPHONES:

MENU AND OTHER INFORMATION:

- * coffee/tea/juice for 100 @ .60/person
- * 4½ dozen asst'd muffins @ 6.00/dozen
- * 2 dozen asst'd donuts @ 6.00/dozen
- * 2 dozen cinnamon buns @ 6.00/dozen

PAPER SERVICE:

- cups
- cream & sugar
- napkins
- stir stix
- tablecloth

ACCOUNT	DESCRIPTION	QTY	ADJ	NET QTY	UNIT COST	AMOUNT
33 70700 0101	coffee/tea/juice muffins/donuts/cinn buns/dz	87 100 8.5			.60 6.00	

"Guaranteed number is required 72 hours prior to the function. You will be billed the guaranteed number or attendance whichever is larger. We are prepared to serve 5% above the guaranteed number."

GRAND TOTAL \$ _____

GUEST'S SIGNATURE *ma*

FINALIZE:
DATE: **dmw 88-9-7**

DATE: Oct 19

TYPED: _____ INVOICE/INDENT _____
DATE: **dmw 88-10-13** DATE _____
INITIAL _____



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Food Services
Conference Office
Department of Housing and Food Services

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SPECIAL CATERING FUNCTION

No. **F 5143**

Day/Date Saturday October 22, 1988

FUNCTION: OUTSIDE CATERING **ROOM SET UP**
 TIME: 11:15 am
 LOCATION: 2-125 Education North
 # OF GUESTS: 100
 ORGANIZATION: Department of Educational Foundations
 REPRESENTATIVE: Prof. Assheton-Smith
 ADDRESS: 5th Floor Education North

BUS # 2556 RES #
 BILL TO: indent: 64 01131

AUDIO VISUAL:

MICROPHONES:

MENU AND OTHER INFORMATION:

DELUXE SANDWICH LUNCHEON BUFFET FOR 100 @ 7.25/PERSON

- * asst'd deluxe sandwiches
 - 32 Ham & cheese with sprouts on brown kaiser rolls
 - 31 Turkey salad on french loaf
 - 31 Roast beef & lettuce on light rye bread
 - 31 Salmon salad stuffed croissant
- * vegetables & dip
- * Country Coleslaw
- * Potato Salad
- * Fresh fruit tray
- * asst'd squares & tarts (2 per person)
- * coffee/tea/juice

PAPER SERVICE:

9" paper plates cups stir stix mustard/relish tablecloths
 plastic forks/knives cream & sugar salt & pepper serving utensils (salads)

ACCOUNT	DESCRIPTION	QTY	ADJ	NET QTY	UNIT COST	AMOUNT
33 70700 0101	luncheon buffet	100			7.25	

"Guaranteed number is required 72 hours prior to the function. You will be billed the guaranteed number or attendance whichever is larger. We are prepared to serve 5% above the guaranteed number."

GRAND TOTAL \$ _____

GUEST'S SIGNATURE MA

FINALIZE: DATE: dw 88-10-13

DATE: Oct 19

TYPED: dw 88-10-13 INVOICE/INDENT _____

DATE: _____

INITIAL _____



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SPECIAL CATERING FUNCTION

No. **F 5145**

Day/Date SATURDAY OCTOBER 22, 1988

FUNCTION: **OUTSIDE CATERING** **ROOM SET UP**
 TIME: 2:15 pm
 LOCATION: 2-125 Education North
 # OF GUESTS: 100
 ORGANIZATION: Department of Educational Foundations
 REPRESENTATIVE: Prof. Assheton-Smith
 ADDRESS: 5th Floor Education North

BUS # 2556 RES #
 BILL TO: indent: 64 01131

AUDIO VISUAL:

MICROPHONES:

MENU AND OTHER INFORMATION:

* coffee/tea/juice for 100 @ .60/person

PAPER SERVICE:

cups
 cream & sugar
 napkins
 stir stix
 tablecloth

ACCOUNT	DESCRIPTION	QTY	ADJ	NET QTY	UNIT COST	AMOUNT
33 70700 0101	coffee/tea/juice	100 84			.60	

"Guaranteed number is required 72 hours prior to the function. You will be billed the guaranteed number or attendance whichever is larger. We are prepared to serve 5% above the guaranteed number."

GRAND TOTAL \$ _____

GUEST'S SIGNATURE [Signature]
 DATE: Oct 21, 1988

FINALIZE:
 DATE: dmw 88-9-7
 TYPED: _____ INVOICE/INDENT _____
 DATE: dmw 88-10-13 DATE _____
 INITIAL _____