



BIL Event Order Template (Fillable Form)

Event Info		Customer Info	
Group Name		# of guests	Organizer/Host Name: Position:
Company Address		Post Code	Phone Number: Mobile Office
Event Type	Accommodation Catering Service	E-mail:	
Check-in Date	Time	On-site Contact:	Position:
Check-out Date	Time	Cellphone Number:	

Billing Summary

Guest Room				
Room Type	Qty.	Price/Room	# of Nights	Total Price
Dbl. Occ. Twin/King Room (Garden View)	___/10			
Dbl. Occ. Twin/King Room (Ocean View)	___/8			
Triple Occ. Queen/Twin	___/2			
Quad Occ. 2 Queens	___/2			
Junior Suite Queen	1			
Cove Suite Queen	1			
Notes:			Sub Total	
Meeting Space				
Cove Suite as Meeting Room	1			
Board Room	1			
Bowen Room	1			
Notes:			Sub Total	
			Grand Total	