Boucher Provisions order form						
Name		TO ORDER: Circle the boxes of the item cost under the serves or where indicated fill in serves required.  Scan and send: info@boucher.com.au or call us on 3716  0388				
Address						
Date & Time						
Please si			ailable for a charge of \$10. submit order anytime. - 7:30pm Tuesday to			
Phone number:		Pick up orders from 5 - 7:30pm Tuesday Saturday		uesday to		
Priorie number:	is number.					
MENU						
ENTRÉE/ MAIN MEALS - SERVED HOT - PICK UP 5PM TO 7PM			Per serve	serves	Total \$	
Freshly shucked pacific oysters: Natural 1/2. 18. Doz 34. Roast garlic & parsley butter 20/ 38. Rockefeller 20/38.						
Roast scallops in the 1/2 shell, tomato & garlic parsley butter			20			
Red onion tarte tatin & goat cheese			14			
House made venison sausage, crushed potato, braised lentils, red cabbage & horseradish cream			18			
Seared lobe of foie gras, sautéed mushrooms on toasted brioche, honey glazed carrot purée			28			
Spanish Whole roast chicken with Potato gratin, mixed roast vegetables & mushroom sauce - Serves 4			\$72			
Chateau Briand of two : Roast eye fillet, Lyonnaise potato, glazed carrots, sprouts, Bearnaise & jus			\$80			
Roast rump of Milly Hill lamb, cauliflower puree, toasted semolina, zucchini, labneh & burnt onion			\$36			
Market fresh fish, pan fried gnocchi, pancetta, pumpkin puree, fennel, walnuts & cepe cream			\$30			
Duck confit, warm salad of baby beets, goat cheese, red onion, crisp potato & pumpkin seeds			\$30			
Bouillabaisse: A classic fish stew of tomato, saffon & fennel with bugs, prawns, mussels, scallops & fish			\$36			
Roast eye fillet of black Angus beef, pommes frites, Bearnaise sauce & grilled cherry tomatoes			\$36			
SIDES: Pommes frites. Green leaf salad with honey mustard dressing. Steamed green beans & toasted almonds			\$10			
Catering packages can be tailored to suit any size group.						
Payment Authorisation						
Card Type		I authorise Boucher restaurant to process the provided cr card for the relevant charges as per my above order				
Name on card				•		
Card number		Name:	Pes as her ill.	ges as per my above order		
Expiry date						
ccv						
Total amount:		Sign:				
Dietary requirements Allergies:						
Special requests:						

We are grateful for your support. Wishing our customers all the best during these trying times.

