

C.O.B.. Cafeteria
100 Maryland Avenue
Rockville, Maryland 20850
301-309-9079

CATERING INVOICE

INVOICE #: _____

PHONE: _____ NO. OF GUESTS: _____

ORDERED BY (NAME): _____

DEPARTMENT: _____

TODAY'S DATE: _____ CURRENT TIME: _____

NAME OF FUNCTION / EVENT: _____

DELIVERY DATE: _____ DELIVERY TIME: _____AM/PM

DELIVERY LOCATION / ROOM NO: _____

SERVICE / FOOD REQUESTED:

PERSON CONFIRMING: _____

INTER OFFICE MAIL ADDRESS: _____

SERVICE CHARGE SUMMARY:

FOOD: \$ _____

BEVERAGES: \$ _____

OTHER MISC: \$ _____

LABOR: \$ _____

TOTAL: \$ _____

“FOR REQUESTS OR QUESTIONS PLEASE CALL US AT YOUR CONVENIENCE.”