

Catering Invoice

Please pay from this invoice. Terms: Net 30 days.

Company Name _____ Client / P.O. Number _____

Delivery Address _____ Suite/Floor _____ Phone _____

No. People _____ Contact Person(s) _____ Cell _____

Delivery Date _____ Delivery Time _____ Alternate Contact _____

Breakfast _____

Sandwich Platters _____

Hot Entrees _____

Salads _____

Desserts _____

Beverages / Coffee _____

Chips/Pizza/Vegan Fare _____

Special Instructions _____

Credit Card Number: _____

Delivery _____

Sub Total _____

Sales Tax _____

Total _____

Gratuity _____

Total _____