

# 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 \_\_\_\_\_