CATERING RECEIPT

Receipt No:

Date:

CLIENT DETAILS

Client Name:

Phone:

Email:

EVENT & DELIVERY DETAILS

Event Date:

Location:

Guests Count:

QTY	MENU ITEM / SERVICE DESCRIPTION	UNIT PRICE	TOTAL

PAYMENT METHOD

Cash

Credit Card

Check

Mobile Payment

Subtotal:

Tax:

Service Charge:

Delivery Fee:

Total:

Amount Paid:

Balance Due:

CUSTOMER SIGNATURE

AUTHORIZED SIGNATURE