CATERING PAYMENT SLIP

Birthday Party Services

Slip No:

Date:

CUSTOMER DETAILS

Host Name:

Phone:

Email:

EVENT DETAILS

Guest of Honor:

Event Date:

Venue:

Description of Service / Menu Items	Qty	Unit Price	Total

Subtotal

Tax / VAT

Service Charge

Total Amount

Amount Paid

Balance Due

PAYMENT DETAILS

Method:

Reference No:

CUSTOMER SIGNATURE

AUTHORIZED CATERER REPRESENTATIVE