

RECEIPT

Receipt No: _____

Date: _____

Client Name: _____ Event Date: _____
Phone: _____ Event Time: _____
Email: _____ Guest Count: _____
Venue Address: _____

BUFFET PACKAGE / MENU ITEMS DESCRIPTION	PRICE PER GUEST	GUESTS/QTY	TOTAL AMOUNT

PAYMENT METHOD

- ☐ Cash
☐ Check
☐ Card
☐ Bank Transfer

NOTES / SPECIAL INSTRUCTIONS

Subtotal: _____
Service Charge / Staffing: _____
Delivery & Setup: _____
Sales Tax: _____
Total Amount: _____
Deposit Paid: _____
Balance Due: _____

Authorized Signature (Caterer)

Customer Signature