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| **Catering Booking Form** | | |
|  | Customer |  | |  |
|  |  | | |  |
|  | **Customer Name:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Street Address City, ST ZIP Code  Phone Enter phone | Fax Enter fax Email | Website | |  | FORM# **Form No.**  DATE **Enter date** | | | | Phone  Fax  Office Email Billing Tax ID Event Dates | |  |  | | | | Catering Requirements  Add the items below | | | | | | | QUANTITY | DESCRIPTION | | | UNIT PRICE | TOTAL | |  |  | | |  |  | |  |  | | |  |  | |  |  | | |  |  | |  |  | | |  |  | |  |  | | |  |  | |  |  | | |  |  | |  |  | | |  |  | |  |  | | |  |  | |  | SUBTOTAL | | | |  | |  | SALES TAX | | | |  | |  | SALES TAX AMOUNT | | | |  | |  | TOTAL DUE | | | |  |   Thank you for your business! | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |