

Invoice Number: \_\_\_\_\_



**WWW.WASHINGTONDELI.COM**

**Washington Delicatessen Caterers**

1990 K Street Washington, DC 20006

(202) 331-3344 Deli

(202) 331-1937 Fax

(202) 257- 5598 Cell

### 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*

*Delivery* \_\_\_\_\_

*Sub Total* \_\_\_\_\_

*Credit Card Number:*

*Sales Tax* \_\_\_\_\_

*Total* \_\_\_\_\_

*Gratuity* \_\_\_\_\_

*Total* \_\_\_\_\_