

Catering Service Receipt

Receipt Number:

Date Issued:

Client Name:

Event Date:

Location:

Item Description	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total			<input type="text"/>

Received By:

Signature: