

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: