

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

(301) 718-0354 After Hours

### Catering Invoice

*Please pay from this invoice. Terms: Net 30 days.*

**Company Name** \_\_\_\_\_ **P.O. Num/Client Num.** \_\_\_\_\_

**Delivery Address** \_\_\_\_\_ **Suite/Floor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**No. People** \_\_\_\_\_ **Contact Person(s)** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Delivery Date** \_\_\_\_\_ **Delivery Time** \_\_\_\_\_ **Email** \_\_\_\_\_

*Breakfast* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Sandwich Platters* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Hot Entrees* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Salads* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Desserts* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Beverages / Coffee* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Chips/Pizza/Vegan Fare* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*Special Instructions*

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

*Credit Card Number:*

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

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

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