

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Country: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

# RESTAURANT INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

### Client / Customer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Description	Quantity	\$ / Unit	Amount (\$)

Comments or Special Instructions:  
\_\_\_\_\_

Payment is due within \_\_\_\_ days.

Subtotal	
Discount	
Tax	
<b>TOTAL</b>	

Thank you for your business!