

C.O.B.. Cafeteria  
100 Maryland Avenue  
Rockville, Maryland 20850  
301-309-9079



### CATERING INVOICE

INVOICE #: \_\_\_\_\_

PHONE: \_\_\_\_\_ NO. OF GUESTS: \_\_\_\_\_

ORDERED BY (NAME): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ CURRENT TIME: \_\_\_\_\_

NAME OF FUNCTION / EVENT: \_\_\_\_\_

DELIVERY DATE: \_\_\_\_\_ DELIVERY TIME: \_\_\_\_\_ AM/PM

DELIVERY LOCATION / ROOM NO: \_\_\_\_\_

SERVICE / FOOD REQUESTED:

PERSON CONFIRMING: \_\_\_\_\_

INTER OFFICE MAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

#### SERVICE CHARGE SUMMARY:

FOOD: \$ \_\_\_\_\_  
BEVERAGES: \$ \_\_\_\_\_  
OTHER MISC: \$ \_\_\_\_\_  
LABOR: \$ \_\_\_\_\_  
  
**TOTAL: \$ \_\_\_\_\_**

**"FOR REQUESTS OR QUESTIONS PLEASE CALL US AT YOUR CONVENIENCE."**