DATE SENT:	/202	INVOICE #	INVOICE # STORE:		
ast Update form			Catering Form		
CLIENT NAME:				COMPANY:	
PHONE NUMBER				EMAIL:	
EVENT DATE:					
EVENT ADDRESS:					
ARRIVAL TIME / SERVE TIME / END TIME		TIME	/	/	
Select Cate	Select Catering Type: DROP		g:		
			Information:		
NO TOPPING					
	\$7.00				
Medium:					
Large:	\$9.50				
Available	e FLAVORS:				
1) Original (popular for catering)					
2) Pomegranate (p	popular for catering)				
3) Chocola	ate Hazelnut				
4)current Mo	onth flavor:				

for more info
Pls contact to catering coordinator

	Select Cate	ering Type:	DROP-OFF No Topping:					
#		Flavor	NO Topping		QTY	PRICE		TOTAL
1			NO Toppings					
2			NO Toppings					
3			NO Toppings					
4			NO Toppings					
			More Options:	TOTAL	:			
				+De		Labor Fee:		150.00
				+Dry Ice Fee: Sub TOTAL				70.00
				Pre-Payment				
				Pre-Payment				
				Total pre-payment				
				Amount Due				
				Payment				
_								
		Other	Comments or Special Instructions					
Store manager: Rosa Phone: (213) 454-3890 email: Roselen24@hotmail.com								
<u></u>								
	Sign:		Date:	Amount Due				