

DATE SENT:

...../...../2024

INVOICE #

STORE:

Last Update form

Catering Form

CLIENT NAME:

COMPANY:

PHONE NUMBER

EMAIL:

EVENT DATE:

EVENT ADDRESS:

ARRIVAL TIME / SERVE TIME / END TIME

Select Catering Type:

PICK-UP No Topping

Information:

NO TOPPING	
Small:	\$7.00
Medium:	\$8.00
Large:	\$9.50

Available FLAVORS:

- 1) Original (popular for catering)
- 2) Pomegranate (popular for catering)
- 3) Chocolate Hazelnut
- 4)current Month flavor:.....

for more info
Pls contact to catering coordinator

Select Catering Type:		PICK-UP No Topping				
#	Size	Flavor	NO Topping	QTY	PRICE	TOTAL
1			NO Toppings			
2			NO Toppings			
3			NO Toppings			
4			NO Toppings			

More Options:

TOTAL:



		+Dry Ice Fee: \$ 70.00	
		Sub TOTAL	
Pre-Payment			
Pre-Payment			
Total pre-payment			
Amount Due			
Payment			
Amount Due			

Other Comments or Special Instructions

Store manager: Rosa
 Phone: (213) 454-3890 email: Roselen24@hotmail.com

Sign: _____ Date: _____