

# Catering

for a cause

# ORDER FORM

DATE \_\_\_\_\_

P.O. #: \_\_\_\_\_

## CUSTOMER:

Name \_\_\_\_\_

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

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## DELIVER TO:

Name \_\_\_\_\_

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

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

NUMBER OF GUESTS	DELIVERY TIME	DELIVERY DATE

QTY	ITEM #	DESCRIPTION

1. An invoice will be generated off this order and sent to the person above.
2. This order will be placed in accordance with the menu prices, terms, delivery method, and specifications listed above.
3. We will notify you ASAP if we are unable to deliver as specified.
4. Please remit to:  
Email: [dlorenzo@voaor.org](mailto:dlorenzo@voaor.org)  
Toll Free Fax: (866) 853-3451

Authorized by \_\_\_\_\_

Date \_\_\_\_\_