

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
Toll Free Fax: (866) 853-3451

Authorized by _____

Date _____