

**Address:**  
1111 North Glen

**Catering, Inc.**

**Event Invoice**

**City:** Springfield  
**State:** MO **ZIP:** 65802  
**Phone** (427) 865-281 **Ext:** 7428  
**Fax :** (427) 773-7795 **Email:** my@myemail.com

University

My Catering Company

**Event Invoice-Ref Number** 800-3252006-4791

**Date Billed:** 3/25/2006

**Bill Event To:**

**Customer Number:** and01

**Address:** 100 Main Street

**Customer Name:** John Anderson Family

**City:** My Town

**Contact Person:** John A

**State:** MO **Postal Code:** 00000

**Phone:** (538) 749-2402 **Ext:**

**Tax Exempt Number:**

**Fax :** (538)

**Charge Account:** Need Number

**Email:** mailto:

**Payment Terms:** Upon Completion of Event

**Event Information**

**Event Menu:** Need Menu

**Date of Event:** 3/25/2006

**Reserv No.** 4791

**Event Description:** Wedding - Anderson

**Start:** 2:00 PM **End:** 3:00 PM

**Guests Guaranteed:** 100 **Guests Billed:** 100

**Location Name:** Ball Room

**Room Number:** 1A

**Room Name:** Ball Room A

**Type of Service:** Buffet-Formal

**Sale Category:** Off Premises

**Invoice Detail**

<b>Item ID:</b>	<b>Item Name:</b>	<b>Quantity:</b>	<b>Unit Description:</b>	<b>Unit Price</b>	<b>Discount:</b>	<b>Extension:</b>
403	French Fries	100.00	Per Serving	\$1.25	0.00%	\$125.00
397	Cake Service (Silver)	100.00	Daily Rental	\$10.00	0.00%	\$1,000.00

**Event Invoice Payments:**

**Subtotal:** \$1,125.00

**Event Taxable (Yes? Event Tax Amount:** \$0.00

**Surcharge** \$0.00

**Total Invoice Amount:** \$1,125.00

**Price per Billed Guest:** \$11.25

**Payment Received:** \$0.00

**Amount Due:** \$1,125.00

**CONFIRMATIONS**

Upon receipt of your order, Food Management will confirm your Selection via fax. Please review the confirmation thoroughly. If the order is correct, please sign it and fax it back to 427.873.7000. If there are changes or corrections, please call 427.873.7000. All catering events require a signed confirmation before the event will be executed.

**GUEST GUARANTEE**

All guarantees of guest counts and times are required four business days (Monday-Friday) before the event. If you do not contact us with a final count four business days prior to the event, we will prepare for the estimated count from the signed confirmation and charge accordingly. Please confirm your guest count with Food Management at 427.873.7000.

**CANCELLATIONS**

There is no charge for cancellations made at least four business days (Monday-Friday) before the event. Cancellations made fewer than four days prior may incur partial charges. Cancellations made within 48 hours of the event will incur 100% of the charges.

Food and non-alcoholic beverages must be provided by Food Management at catered events, with the exception of wedding cakes, special mints and/or

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*other approved specialty items. Per Missouri Health Code, Food Management does not allow any leftover food items to be taken home.*

**SECURITY AND LIABILITY**

*Food Management will not assume any responsibility for the damages to or loss of any merchandise or articles left at the function prior to, during, or following an event. If any valuable items are to be left in the banquet area, it is recommended that a security patrol be retained.*

**CHARGES AND PRICING**

*All events are based on a two-hour period for meal and program. If the event goes over the two-hour period, there will be an additional labor charge of \$15.00 per labor hour until the event concludes.*

*Bartending Services .....\$18.00 per hour per bartender*

*Additional Servers .....\$15.00 per hour per server*

*Cake Cutting Services.....\$0.75 per guest*

*All service is entered without gratuity. However, if you choose to reward the staff for their service, any gratuity will be welcome and should be given directly to the employees.*

**BILLING**

*All events not being charged to a campus account number will be subject to sales tax unless we are provided with a tax exemption letter at the time the guarantee number is given. All events that are not billed to a campus account number will require a 50% deposit two weeks prior to the event with the balance due at the completion of the event. We accept cash, check (please make checks payable to Food Management) and all major credit cards, except American Express.*

**Reserv No.** 4791

**Customer Signature:** \_\_\_\_\_

**Thank You**

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My Catering Company

**Event Invoice-Ref Number** 800-3242006-4792

**Date Billed:** 3/24/2006

**Bill Event To:**

**Customer Number:** and01  
**Customer Name:** John Anderson Family  
  
**Contact Person:** John A  
**Phone:** (538) 749-2402 **Ext:**  
**Fax :** (538)  
**Email:** mailto:

**Address:** 100 Main Street  
  
**City:** My Town  
**State:** MO **Postal Code:** 00000  
**Tax Exempt Number:**  
**Charge Account:** Need Number  
**Payment Terms:** Upon Completion of Event

**Event Information**

**Event Menu:** Need Menu

**Date of Event:** 3/24/2006 **Reserv No.** 4792

**Event Description:** Rehersal Dinner - Anderson

**Start:** 7:00 PM **End:** 9:30 PM

**Guests Guaranteed:** 100 **Guests Billed:**

**Location Name:** Ball Room

**Room Number:** 1A

**Room Name:** Ball Room A

**Type of Service:** Buffet-Formal

**Sale Category:** Off Premises

**Invoice Detail**

<b>Item ID:</b>	<b>Item Name:</b>	<b>Quantity:</b>	<b>Unit Description:</b>	<b>Unit Price</b>	<b>Discount:</b>	<b>Extension:</b>
406	Tuna	100.00	Per Serving	\$4.95	0.00%	\$495.00

**Event Invoice Payments:**

**Subtotal:** \$495.00

**Event Taxable (Yes? Event Tax Amount:** \$0.00

**Surcharge** \$0.00

**Total Invoice Amount:** \$495.00

**Price per Billed Guest:**

**Payment Received:** \$0.00

**Amount Due:** \$495.00

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**Reserv No.** 4792

**Customer Signature:** \_\_\_\_\_

**Thank You**