Restaurant Name

Dine-In Order Invoice Sheet

Date: _____

Invoice #: _____
Table #: _____

Server: _____
Time: _____

Customer Name: _____

Contact: _____

#	Item Description	Qty	Unit Price	Total
1	_____	___	_____	_____
2	_____	___	_____	_____
3	_____	___	_____	_____
4	_____	___	_____	_____
5	_____	___	_____	_____

Subtotal _____

Tax _____

Service Charge _____

Total _____

_____

Customer Signature

_____

Server Signature