

Restaurant Name

Table: _____

Date: ____/____/____

Time: _____

Server: _____

Bill No.: _____

#	Item Description	Qty	Unit Price	Amount
1	_____	—	_____	_____
2	_____	—	_____	_____
3	_____	—	_____	_____
Subtotal				_____

Subtotal

Tax

Service Charge

Total

Thank you for dining with us!