



Catering Services

A Full Service Company

CONTRACT/INVOICE

DATE OF EVENT _____

I.D.#56-1224256

File No. BREAKFAST

ORGANIZATION _____

Address _____

ENGAGER'S NAME _____

Phones _____

(O) _____ (F) _____ (C) _____

(P) _____ (H) _____ (E-m) _____

BILLING INFORMATION _____

Address _____

EVENT LOCATION _____

Address _____

(P) _____ CONTACT _____

GUARANTEED NUMBER _____

(100 person minimum)

(Guaranteed number charged unless notified 7 days prior to event)

EVENT TO START _____

end _____

Serve from (1) _____

to _____

Serve from (2) _____

to _____

Serve from (3) _____

to _____

SMS Arrival _____

depart _____

SMS DEPART BASE _____

HOW DID YOU HEAR
ABOUT SMS? _____

MENU AND REMARKS

CHOICE OF ONE:

HAM _____ SAUSAGE _____ BACON _____

SCRAMBLED EGGS

GRITS

CHOICE OF ONE:

DANISH _____ BAGELS _____ ASSORTED MUFFINS _____

BISCUITS W/ Butter & Jelly

CHOICE OF THREE JUICES:

GRAPE _____ GRAPEFRUIT _____ APPLE _____

ORANGE _____ PINEAPPLE _____ TOMATO _____

COFFEE W/ CREAM, SUGAR & SWEETNER

**THE ABOVE INCLUDES: TOP OF THE LINE DISPOSABLE CUPS, FORKS,
PLATES, NAPKINS AND TABLES WITH DISPOSABLE COVERS FOR THE SERVING
LINE. ALL ITEMS FOR EATING AND SERVING.**

PER PERSON PRICE: \$10.95

FRESH WHOLE FRUIT (In Season): \$2.50/PERSON