LA SIESTA RESTAURANT
CATERING

DAY/DATE _____ HOW MANY PEOPLE _____

DELIVER BY _____ AM **PM** PICK UP BY _____ AM **PM**

NAME _____

ADRESS _____

_____

PHONE # _____ OTHER# _____

ORDER QUANTITY	DESCRIPTION	**PRICE**
	SUBTOTAL	
	TAX	
	GRAND TOTAL	

DROP OFF/PICK UP THINGS _____

_____

OTHER _____

SIGN **CUSTOMER SIGNATURE**

_____ _____

PLEASE MAKE CHECK PAYABLE TO: LA SIESTA RESTAURANT.