[BAKERY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: _____
Invoice #: _____

BILL TO:

_____
_____
_____

Order Type: [ ] Delivery [ ] Pickup
Event Date: _____

Item Description (Bread, Pastries, Cakes)	Qty	Price	Total

Item Description (Bread, Pastries, Cakes)	Qty	Price	Total

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Payment Terms: *Please make checks payable to "[Bakery Name]". Thank you for supporting local artisanal baking!*