



No. _____

DATE

TIME

PERSON

TABLE No.

Table No.	Description	Q'ty	Amount

SAMPLE
 ※上紙の点線部はミシン目(切り離し可)となります。

SUB TOTAL _____

CHARGE _____

TAX _____

GARCON _____

TOTAL _____

cafe restaurant
Askul Diner
 TEL 00-0000-0000