INVOICE

[Catering Company Name]
[Address Line 1]
[Phone / Email]

Invoice #: _____
Date: _____
Event Date: _____

CLIENT INFORMATION [Client Name / Organization]
[Billing Address]
[City, State, Zip]
[Phone Number]
EVENT DETAILS Venue: [Venue Name]
Guest Count: [000]
Service Type: [Buffet / Plated / Cocktail]

FOOD & BEVERAGE

Description	Quantity/Guest Count	Rate	Amount
Main Course / Package Name			
Appetizers / Hors d'oeuvres			
Beverage Service / Bar			
Dessert / Specialty Items			

EVENT PERSONNEL & STAFFING

Role	No. of Staff	Hours	Hourly Rate	Total
Event Manager / Lead				

Role	No. of Staff	Hours	Hourly Rate	Total
Servers / Waitstaff				
Bartenders				
Kitchen Staff / Porters				

Subtotal: $0.00
Service Charge (%): $0.00
Sales Tax: $0.00

Total Due: $0.00

NOTES & PAYMENT TERMS

1. Please make all checks payable to [Company Name].
2. Payment is due within [Number] days of event completion.
3. A late fee of [Percentage]% applies to overdue balances.