INVOICE

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

Invoice #: _____
Date: _____
Event Date: _____

CLIENT INFORMATION

[Client Name]
[Company Name]
[Billing Address]
[Contact Email]

EVENT DETAILS

Venue: _____
Guest Count: _____
Event Type: _____

Description (Catering & Staffing)	Quantity/Hours	Rate/Unit Price	Total
Catering: [Menu Package Name]			
Staff: [Position - e.g., Servers]			
Staff: [Position - e.g., Bartenders]			
Equipment/Rental Fees			
Service Charge / Gratuity			

Subtotal: $_____
Tax: $_____

Grand Total: $_____

PAYMENT TERMS & NOTES

Please make checks payable to: **[Your Company Name]**

Payment is due within [Number] days. Late payments may be subject to a [Percentage]% fee.

Thank you for your business!