INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER
#00000

DATE
MM/DD/YYYY

CLIENT / BILL TO

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

EVENT DETAILS

Event: [Event Name]
Date: [Event Date]
Location: [Venue Name]

Description	Quantity/Hours	Rate/Price	Total
Catering Service Menu package description / Per head	0	$0.00	$0.00
Event Manager Staffing lead	0	$0.00	$0.00

Description	Quantity/Hours	Rate/Price	Total
Service Staff Waitstaff / Bartenders	0	$0.00	$0.00
Equipment Rental Linens, dinnerware, etc.	1	$0.00	$0.00

Subtotal $0.00
Service Charge (%) $0.00
Sales Tax $0.00
Total Amount $0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Company Name].
Payment is due within [X] days of event completion.