INVOICE

[Company Name]
[Street Address, City, State, Zip]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Address]
[Phone Number]

EVENT VENUE

[Venue Name]
[Venue Address]

Event Name: [Event Title] | **Date:** [Event Date] | **Guest Count:** [000]

CATERING & MENU ITEMS	QTY/GUESTS	UNIT PRICE	TOTAL
[Food Item / Package Name]	[0]	$0.00	$0.00
[Beverage Service / Open Bar]	[0]	$0.00	$0.00
[Equipment/Linen Rentals]	[0]	$0.00	$0.00

PROFESSIONAL STAFFING	HOURS	RATE	TOTAL
[Event Manager/Captain]	[0]	$0.00	$0.00

PROFESSIONAL STAFFING	HOURS	RATE	TOTAL
[Servers/Waitstaff]	[0]	$0.00	$0.00
[Bartenders]	[0]	$0.00	$0.00

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

Terms: A deposit of [00%] is required to secure the date. Full payment is due [00] days prior to the event.

Payment Method: Checks payable to [Company Name] or Wire Transfer to [Details].

Thank you for choosing us for your event.