INVOICE

Catering Co. Name
123 Event Lane
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

EVENT DETAILS

Event Date: _____
Location: _____
Guest Count: _____

MENU & FOOD SERVICE

Description	Quantity	Unit Price	Total
Main Entree Package			
Appetizers / Hors d'oeuvres			
Beverage / Bar Service			
Dessert Station			

EVENT STAFFING

Position	Staff Count	Hours	Rate	Total
Event Captain				
Servers				
Bartenders				
Culinary / Kitchen Staff				

Subtotal:$_____
Service Charge (___%):$_____
Sales Tax:$_____
Gratuity:$_____
TOTAL DUE:$_____

Notes / Payment Instructions:
Please make checks payable to _____.
A deposit of _____ is required to secure the event date.