INVOICE

[Catering Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Event Date: _____

CLIENT / BILL TO:

[Client Name]
[Company Name]
[Address]
[Phone]

EVENT DETAILS:

Location: [Event Venue/Address]
Guest Count: _____
Service Type: [Buffet/Plated/Truck]

Description (Menu & Staffing Roles)	Qty / Hours	Rate	Amount
[Food Package Name / Menu Items]			
Lead Event Coordinator			
Service Staff / Servers			

Description (Menu & Staffing Roles)	Qty / Hours	Rate	Amount
Kitchen / Support Staff			
Travel & Setup Fee			
Equipment / Linen Rentals			

Subtotal: $_____
Gratuity / Service Charge (%): $_____
Sales Tax: $_____

Total Amount Due: $_____
Deposit Paid: ($_____)

Balance Remaining: $_____

Notes / Payment Instructions:

Please make checks payable to [Company Name]. Payments via Credit Card or Wire Transfer are subject to [X]% processing fee. Balance is due [X] days prior to the event date.

Thank you for choosing [Catering Company Name] for your event!