[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [Date]
Event Date: [Event Date]

CLIENT BILLING

[Client Name]
[Client Address]
[Client Phone]
[Client Email]

EVENT DETAILS

Venue: [Venue Name]
Guest Count: [000]
Service Type: [Plated/Buffet/Cocktail]

CATERING & MENU ITEMS

Description	Qty	Unit Price	Total
[Menu Item / Package Name]	0	$0.00	$0.00
[Additional Item / Beverage Service]	0	$0.00	$0.00

STAFFING & LABOR

Position	Staff	Rate/Hr	Total
[Event Manager / Chef]	0	$0.00	$0.00
[Servers / Bartenders]	0	$0.00	$0.00

Subtotal $0.00
Service Charge ([0]%) $0.00
Sales Tax ([0]%) $0.00
TOTAL DUE $0.00

Notes: [Insert deposit requirements, cancellation policy, or payment instructions here.]

Thank you for your business!