

INVOICE

[Restaurant Name]
[Address Line 1]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]

Billed To:

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

Event Details:

Event Date: [MM/DD/YYYY]
Guest Count: [00]
Room/Area: [Name]

Description	Quantity	Unit Price	Total
Fixed Menu / Per Person Rate	[00]	\$0.00	\$0.00
Beverage Package / Consumption	[01]	\$0.00	\$0.00
Room Rental / Setup Fee	[01]	\$0.00	\$0.00

Description	Quantity	Unit Price	Total
Miscellaneous Services	[01]	\$0.00	\$0.00

Subtotal: \$0.00

Service Charge ([%] %): \$0.00

Sales Tax ([%] %): \$0.00

Gratuity (Optional): \$0.00

Total Amount: \$0.00

Less Deposit Paid: (\$0.00)

Balance Due: \$0.00

Payment Instructions:

Please make checks payable to [Restaurant Name]. For credit card payments or wire transfers, please contact [Department Name] at [Phone].

Thank you for choosing [Restaurant Name] for your event.