

INVOICE

Catering Co. Name: _____

Address: _____

Phone/Email: _____

Invoice #: _____

Date: _____

Event Date: _____

Client Information

Name: _____

Phone: _____

Event Address: _____

Event Details

Birthday Star: _____

Guest Count: _____

Service Type: Buffet Plated

Description (Food, Beverage, Service)	Quantity	Unit Price	Total
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_____	_____	_____	_____
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Description (Food, Beverage, Service)	Quantity	Unit Price	Total
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Subtotal: \$ _____

Service Fee/Tip: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Payment Terms: Due within ____ days.

Notes: _____

Thank you for choosing us for your celebration!