

# INVOICE

**Catering Company Name**

Address Line 1

Phone: (000) 000-0000

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

---

## CLIENT INFORMATION

Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Location: \_\_\_\_\_

## EVENT DETAILS

Guest Count: \_\_\_\_\_

Service Type: Buffet Style

Setup Time: \_\_\_\_\_

Description (Menu Items & Services)	Quantity	Unit Price	Total
Buffet Package: _____			
Additional Sides / Entrees			
Beverage Service			
Staffing / Servers			
Equipment Rental (Chafing dishes, Linens)			
Delivery & Setup Fee	1		

---

Subtotal: \$ \_\_\_\_\_  
Sales Tax: \$ \_\_\_\_\_  
Gratuuity: \$ \_\_\_\_\_  
Grand Total: \$ \_\_\_\_\_  
Deposit Paid: (\$ \_\_\_\_\_)  
**Balance Due: \$ \_\_\_\_\_**

#### NOTES & TERMS

Final payment is due \_\_\_\_\_ days prior to the event. Please make checks payable to \_\_\_\_\_.