

INVOICE

#INV-000

Catering Co. Name

Street Address, City, State
Phone | Email | Website

BILLED TO

Client Name
Company Name
Phone Number
Email Address

EVENT DETAILS

Date: _____
Location: _____
Guest Count: _____

Description	Qty/Hrs	Rate	Total
Main Entree Package			
Side Dishes & Salads			
Beverage Service			
Service Staff / Labor			

Description	Qty/Hrs	Rate	Total
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Equipment Rental (Linens, Chafing Dishes)			
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Subtotal \$0.00			
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Tax (%) \$0.00			
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Service Fee/Gratuuity \$0.00			
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Total Amount \$0.00			
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NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Catering Co. Name]**. Payment is due within [Number] days. Thank you for choosing us for your event!