

# INVOICE

[Catering Company Name]  
[Street Address]  
[City, State, Zip]

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

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**Client / Bill To:**

[Contact Name]  
[Company Name]  
[Billing Address]  
[Phone Number]

**Event Information:**

Venue: [Location Name]  
Guest Count: [00]  
Service Time: [00:00 AM/PM]

Description	Quantity / Per Head	Unit Price	Total
[Lunch Menu Package Name]			\$0.00
[Beverage Service]			\$0.00
[Delivery & Setup Fee]			\$0.00
[Service Staff / Gratuity]			\$0.00

Subtotal: \$0.00  
Sales Tax: \$0.00

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**Amount Due: \$0.00**

**Notes:**

Please make checks payable to: [Catering Company Name]

Payment is due within [X] days of event completion.

Thank you for your business!