

CATERING CO.

123 CULINARY AVE, GASTRONOMY SUITE 100

INVOICE

Invoice #: _____

Date: _____

Event Date: _____

BILL TO

EVENT DETAILS

Venue: _____

Guest Count: _____

Service Type: _____

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Catering Package: _____	_____	\$ _____	_____ \$

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Beverage Service: _____	_____	\$ _____	_____ \$
Service Staff / Gratuity	_____	\$ _____	_____ \$
Equipment Rental / Linens	_____	\$ _____	_____ \$

Subtotal: \$ _____
Sales Tax: \$ _____
Total: \$ _____

NOTES & TERMS

Please make checks payable to **Catering Co.** Payment is due within 15 days of event completion. Thank you for allowing us to serve you.