

[CATERING COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone / Email]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]
Event Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Name]
[Organization Name]
[Phone Number]
[Email Address]

EVENT DETAILS

[Event Title / Type]
Venue: [Venue Name]
Guest Count: [000]
Service Style: Formal Plated Dinner

DESCRIPTION OF SERVICE	QTY/GUEST	UNIT PRICE	AMOUNT
Hors d'Oeuvres Service (Selection of 4)	[00]	\$0.00	\$0.00
Three-Course Plated Dinner Menu	[00]	\$0.00	\$0.00
Premium Beverage & Wine Service	[00]	\$0.00	\$0.00
Service Staff & Culinary Team (Flat Rate/Hourly)	[00]	\$0.00	\$0.00

DESCRIPTION OF SERVICE	QTY/GUEST	UNIT PRICE	AMOUNT
Equipment, Linens & Fine China Rental	1	\$0.00	\$0.00
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Subtotal \$0.00			
Service Charge (18%) \$0.00			
Sales Tax \$0.00			
Grand Total \$0.00			
<i>Deposit Paid (\$0.00)</i>			
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Balance Due \$0.00			

Please make all checks payable to **[Catering Company Name]**.

Payment is due within [00] days of event completion.

Thank you for choosing us for your formal engagement.