

CATERING INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

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

Bill To:

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

Event Details:

Venue: [Venue Name]
Guest Count: [00]
Service Style: [Buffet/Plated/Passed]

Description	Qty/Hrs	Rate	Amount
Food & Menu Selection			\$ 0.00
Beverage & Bar Service			\$ 0.00
Staffing (Servers, Chefs, Bartenders)			\$ 0.00
Rentals (Linens, China, Glassware)			\$ 0.00

Description	Qty/Hrs	Rate	Amount
Delivery & Setup Fee			\$ 0.00

Subtotal: \$ 0.00

Service Charge (%): \$ 0.00

Tax: \$ 0.00

Total: \$ 0.00

Notes:

[Payment Terms, Deposit Requirements, or Special Instructions]