

CATERING BUSINESS NAME

123 Street Address
City, State, Zip
Phone: (000) 000-0000
Email: info@catering.com

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Customer Name
Contact Number
Billing Address

EVENT DETAILS:

Event Date: _____
Location: _____
Guest Count: _____

Description	Quantity/Hours	Unit Price	Total
Menu Package / Food Items			
Service Staff / Labor			
Equipment Rental / Travel Fee			

Description	Quantity/Hours	Unit Price	Total
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Subtotal: \$ _____

Sales Tax (____%): \$ _____

Service Charge/Gratuity: \$ _____

Total Amount Due: \$ _____

Payment Terms: Please make checks payable to **Business Name**.

A 50% deposit is required to secure the event date. Final balance is due 7 days prior to the event.

Thank you for your business!