

INVOICE

[Catering Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

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

Bill To:

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

Event Details:

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

Description	Qty/Guests	Unit Price	Total
Food & Menu Selection	0	\$0.00	\$0.00
Beverage Service	0	\$0.00	\$0.00
Staffing & Labor	0	\$0.00	\$0.00
Equipment Rentals	1	\$0.00	\$0.00
Subtotal: \$0.00			
Service Fee (%): \$0.00			
Sales Tax: \$0.00			

Grand Total: \$0.00

Deposit Paid: (\$0.00)

Balance Due: \$0.00

Notes & Payment Instructions:

Please make checks payable to [Business Name]. Payment is due within [X] days of event. Thank you for choosing our catering services!