BANQUET INVOICE

Catering Company Name
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #:
Date:
Due Date:

CLIENT INFORMATION

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

EVENT DETAILS

Event Name:
Venue:
Event Date:

DESCRIPTION OF SERVICES	GUEST COUNT	AMOUNT
Formal Banquet Catering Services (Estimated)	[000]	$0.00
Service Staff & Glassware Rentals	-	$0.00
TOTAL ESTIMATED CONTRACT		**$0.00**

Total Contract: $0.00
Deposit Percentage: [00]%
DEPOSIT AMOUNT DUE: $0.00

TERMS & CONDITIONS

This deposit is required to secure the event date and is non-refundable within [Number] days of the event. The remaining balance is due [Number] days prior to the banquet date. Final guest count must be confirmed [Number] hours in advance.

Thank you for choosing [Catering Company Name]. We look forward to serving you.