

CATERING DEPOSIT INVOICE

[Catering Company Name]

[Address & Contact Info]

INVOICE #
DATE

CLIENT INFORMATION

[Client Name / Organization]

[Billing Address]

EVENT DETAILS

Event Date:

Venue:

DESCRIPTION OF SERVICES	GUEST COUNT	ESTIMATED TOTAL
Formal Dinner Banquet Package		
Beverage & Service Staffing		
Equipment & Linen Rentals		

ESTIMATED GRAND TOTAL

\$

REQUIRED DEPOSIT (50%)

\$

DEPOSIT DUE DATE

TERMS & CONDITIONS

This deposit is required to secure the event date and services. Deposits are non-refundable within 30 days of the event. The remaining balance is due fourteen (14) days prior to the event date.

Thank you for choosing [Catering Company Name] for your formal banquet.