

# TAX INVOICE

**Catering Co. Name**

Street Address

City, State, Postcode

Tax ID: [00-0000000]

**Invoice #:** [0001]

**Date:** [Date]

**Event Date:** [Date]

**Client:**

[Client Name]

[Company Name]

[Address]

[Phone]

**Event Details:**

Venue: [Name/Location]

Guest Count: [00]

Service Type: [Buffet/Plated/Staffing]

Description	Qty/Hours	Unit Price	Amount
Food & Beverage Menu Package	[0]	0.00	0.00
Professional Hospitality Staffing	[0]	0.00	0.00

Description	Qty/Hours	Unit Price	Amount
Equipment & Linen Rental	[0]	0.00	0.00
Service Charge / Delivery	1	0.00	0.00
Subtotal 0.00			
Tax ([0]%) 0.00			
<hr/> <b>Total Amount \$0.00</b>			

**Payment Terms:** [Net 30 / Due on Receipt]

**Bank Details:** [Bank Name] | **Account:** [Number] | **SWIFT:** [Code]

*Thank you for choosing our hospitality services.*