

# [CATERING COMPANY NAME]

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email/Website]

## TAX INVOICE

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Tax ID:** \_\_\_\_\_

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### CLIENT DETAILS

**Name/Company:** \_\_\_\_\_  
**Event Address:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_

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### EVENT DETAILS

**Event Date:** \_\_\_\_\_  
**Guest Count:** \_\_\_\_\_  
**Event Type:** \_\_\_\_\_

Description of Service / Menu Items	Qty / Units	Unit Price	Total

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Subtotal: \$ \_\_\_\_\_

Service Fee (%): \$ \_\_\_\_\_

Tax Rate (%): \$ \_\_\_\_\_

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**Total Amount: \$ \_\_\_\_\_**

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**PAYMENT TERMS & NOTES**

Please make all checks payable to [Company Name].

Bank Transfer: [Bank Name] | Account: [Number] | Sort Code: [Code]

Payment is due within [Number] days of event completion.