

TAX INVOICE

[Catering Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / ABN]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Billed To:

[Client Name]
[Client Address]
[Contact Phone]

Event Details:

Venue: [Venue Name]
Date: [Event Date]
Guest Count: [00]

Description	Qty/Hours	Rate	Amount
Food Service (Plated/Buffer)	[0]	\$0.00	\$0.00
Beverage Package	[0]	\$0.00	\$0.00
Staffing (Servers/Bartenders)	[0]	\$0.00	\$0.00
Equipment Rentals (Linens/China)	[1]	\$0.00	\$0.00
Service Charge / Gratuity	-	-	\$0.00

Subtotal: \$0.00
Tax ([0] %): \$0.00

Total Amount: \$0.00

Payment Instructions:

Bank Name: [Name]

Account Name: [Name]

BSB/Swift: [Number] | Account: [Number]

Thank you for choosing [Catering Company Name]