

GOURMET CATERING CO.

123 Culinary Lane
Gastronomy City, GC 54321
contact@gourmetcatering.com

TAX INVOICE

Invoice #: [00000]
Date: [Date]
Tax ID: [XX-XXXXXXXXXX]

Billed To:

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

Event Details:

[Event Date]
[Venue Location]
[Guest Count] Guests

Description	Quantity/Rate	Unit Price	Total
[Service/Menu Item Name]	[Qty]	\$0.00	\$0.00
[Service/Menu Item Name]	[Qty]	\$0.00	\$0.00
Staffing & Service Fee	[Hours/Flat]	\$0.00	\$0.00

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

Payment Terms: Please pay within [15] days of invoice date.

Banking Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Thank you for choosing Gourmet Catering Co.