

INVOICE

[Catering Company Name]

[Address Line 1]

[Phone Number]

Invoice #: _____

Date: _____

Event Date: _____

Client / Company:

[Name / Department]

[Company Name]

[Billing Address]

Event Details:

Time: _____

Location: _____

Guest Count: _____

Description	Quantity	Unit Price	Total
Breakfast Menu Package (Continental/Hot)			
Coffee, Tea & Juice Service			
Staffing / Service Fee			

Description	Quantity	Unit Price	Total
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Delivery & Setup

Miscellaneous / Equipment Rental

Subtotal: \$ _____
 Sales Tax: \$ _____
 Gratuity: \$ _____
 Amount Due: \$ _____

Payment Terms: Net 30 days. Please make checks payable to [Catering Company Name].

Thank you for choosing us for your morning meeting!