

INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

EVENT DETAILS:

Event: [Event Name]
Venue: [Venue Name]
Guest Count: [000]
Event Date: [MM/DD/YYYY]

Description	Qty/Unit	Rate	Amount
[Menu Package Name/Description]	[Qty]	[0.00]	[0.00]
[Beverage Service]	[Qty]	[0.00]	[0.00]
[Service Staff/Labor Hours]	[Qty]	[0.00]	[0.00]

Description	Qty/Unit	Rate	Amount
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[Equipment Rentals/Linens]	[Qty]	[0.00]	[0.00]
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Subtotal \$0.00
Service Charge (%) \$0.00
Sales Tax (%) \$0.00
Total Amount Due \$0.00

Payment Terms: Please make checks payable to [Company Name]. Payments via wire transfer or credit card are subject to processing fees. Late payments may incur a [0]% monthly fee.

Thank you for your business!