

# INVOICE

#INV-0000

## Catering Company Name

123 Business Street  
City, State, Zip  
Contact: (555) 000-0000

### BILL TO

**Client Name**  
Address Line 1  
City, State, Zip  
Email@example.com

### INVOICE DETAILS

Date Issued: [Date]  
Due Date: [Date]  
PO Number: [Number]

**Event Type:** [Reception/Wedding]  
**Event Date:** [Date]  
**Guest Count:** [000]  
**Venue:** [Name/Location]

Description of Service / Menu Item	Quantity	Unit Price	Amount
<b>Hors d'oeuvres Package</b> Selection of 5 appetizers per guest	0	\$0.00	\$0.00

Description of Service / Menu Item	Quantity	Unit Price	Amount
<b>Main Entree Station</b> Choice of beef, poultry, or vegetarian options	0	\$0.00	\$0.00
<b>Premium Bar Service</b> 4-hour open bar, including glassware & bartenders	0	\$0.00	\$0.00
<b>Service Staff &amp; Labor</b> Servers, kitchen staff, and site captain	0	\$0.00	\$0.00
<b>Rentals &amp; Linens</b> Tables, chairs, napkins, and tablecloths	1	\$0.00	\$0.00
Subtotal: \$0.00 Service Charge (0%): \$0.00 Sales Tax (0%): \$0.00			

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**Total Due: \$0.00**

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**Payment Terms:** Please make checks payable to [Company Name]. A 50% non-refundable deposit was required to secure the date. Balance is due 14 days prior to the event.

Thank you for choosing us for your special event!