

INVOICE

Catering Company Name

Street Address

City, State, Zip

Phone | Email

Invoice #: _____
Date: _____
Event Date: _____

BILL TO:

Client Name / Organization

Billing Address

City, State, Zip

Contact Number

EVENT DETAILS:

Venue Name

Guest Count: _____

Service Type: Formal Sit-down

Occasion: _____

DESCRIPTION OF SERVICES & MENU ITEMS	QTY/HRS	UNIT PRICE	TOTAL
Course I: Hors d'oeuvres Service			\$0.00
Course II: Plated Dinner Menu			\$0.00
Beverage & Wine Service			\$0.00

DESCRIPTION OF SERVICES & MENU ITEMS	QTY/HRS	UNIT PRICE	TOTAL
Professional Service Staff (Maître d', Servers, Chefs)			\$0.00
Equipment Rental (Linens, China, Glassware)			\$0.00
Subtotal: \$0.00			
Service Charge (%): \$0.00			
Sales Tax: \$0.00			
Total Amount Due: \$0.00			

Please make checks payable to: **Company Name**

Payment Terms: Net 30. Thank you for choosing our services for your event.