

CATERING INVOICE

[Your Company Name]
[Address Line 1]
[Phone] | [Email]

Invoice #: _____
Date: _____
Event Date: _____

Client / Organization:

[Name]
[Address]
[Phone]

Event Details:

Venue: [Venue Name]
Guest Count: [000]
Service Type: Full Service Buffet

Description of Services & Menu	Quantity	Unit Price	Total
Buffet Package: [Package Name/Tier]			
Service Staff (Servers/Attendants)			
Equipment Rental (Linens, Chafing Dishes, etc.)			
Beverage Service / Coffee Station			

Description of Services & Menu	Quantity	Unit Price	Total
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Delivery & Setup Fee

Subtotal: \$ _____

Service Charge ([0] %): \$ _____

Sales Tax: \$ _____

Total Amount: \$ _____

Deposit Paid: (\$ _____)

Balance Due: \$ _____

Notes & Terms:

Final head count guaranteed by: [Date]. Payment due in full [0] days prior to event. Please make checks payable to [Company Name].