

HOLIDAY CATERING INVOICE

[Catering Business Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Event Date: [MM/DD/YYYY]

Client:

[Customer Name]
[Phone Number]
[Email Address]

Event Location:

[Venue Name]
[Street Address]
[City, State, Zip]

Description	Qty/Guests	Unit Price	Total
Holiday Dinner Menu Package (Per Person)	[0]	\$0.00	\$0.00
Appetizer Platters / Hors d'oeuvres	[0]	\$0.00	\$0.00
Beverage & Bar Service	[0]	\$0.00	\$0.00
Staffing & Service Fee	[0]	\$0.00	\$0.00
Equipment Rental (Linens, China, Glassware)	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Sales Tax: \$0.00
Delivery Fee: \$0.00

Grand Total: \$0.00

Notes & Payment Instructions:

Please make checks payable to [Business Name]. Deposits are non-refundable after [Date]. Balance due by [Date].

Thank you for choosing us for your holiday celebration!