PROFORMA INVOICE

[Hospitality Company Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

DOCUMENT NO.
PRO-[0000]
DATE OF ISSUE
[DD/MM/YYYY]

BILL TO:
[Client Name / Organization]
[Client Address]
[Contact Person]
[Contact Email]

EVENT DETAILS:
[Event Title / Project Name]
Date: [Event Date]
Venue: [Venue Name]
Guests: [Estimated Count]

SERVICE DESCRIPTION	QUANTITY/UNIT	RATE	AMOUNT
Catering: [Menu Level/Package Name]	[Qty]	[0.00]	[0.00]
Staffing: [Waitstaff/Bartenders/Supervisors]	[Hours]	[0.00]	[0.00]
Equipment Rental: [Linens/China/Furniture]	[Set]	[0.00]	[0.00]

SERVICE DESCRIPTION	QUANTITY/UNIT	RATE	AMOUNT
Venue Management & Logistics Fee	1	[0.00]	[0.00]

Subtotal [0.00]
Tax ([0]%) [0.00]
Service Charge/Gratuity [0.00]
Total Amount (USD) $[0.00]

Payment Terms & Notes:
1. This is a proforma invoice based on current event estimates.
2. A deposit of [0]% is required to secure the event date.
3. Final guest count must be confirmed [0] days prior to the event.
4. Payment via: [Bank Transfer / Check / Credit Card]