PROFORMA INVOICE

Catering Services

Invoice #: [0000]

Date: [MM/DD/YYYY]

CATERER INFO

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

CLIENT INFO

[Client Name/Organization]
[Street Address]
[City, State, Zip]
[Phone/Email]

EVENT DETAILS

Event Name: [Event Name]
Event Date: [MM/DD/YYYY]
Venue: [Venue Name/Address]

LOGISTICS

Guest Count: [000]
Service Style: [Buffet/Plated/Other]
Setup Time: [00:00 AM/PM]

Description	Quantity	Unit Price	Total
Menu Package: [Name]	[Qty]	$0.00	$0.00
Beverage Service	[Qty]	$0.00	$0.00

Description	Quantity	Unit Price	Total
Staffing / Labor	[Hours]	$0.00	$0.00
Equipment Rental	[1]	$0.00	$0.00

Subtotal: $0.00
Service Charge (%): $0.00
Tax: $0.00

GRAND TOTAL: $0.00
Deposit Required: $0.00

Terms & Notes:

1. This is a proforma invoice based on current event estimates.
2. Final guest count must be confirmed [0] days prior to the event.
3. All deposits are non-refundable after [Date].