PROFORMA INVOICE

Order Confirmation

[Catering Company Name]
[Address Line 1]
[Email / Phone]

BILL TO:

[Client Name]
[Organization]
[Contact Number]

EVENT DETAILS:

Date: [Event Date]
Time: [Event Time]
Location: [Venue Address]
Guests: [Count]

Description	Qty/Guests	Unit Price	Amount
[Menu Package/Item Name]	0	$0.00	$0.00
[Additional Service/Staffing]	0	$0.00	$0.00
[Equipment Rental]	0	$0.00	$0.00

Subtotal: $0.00
Service Fee: $0.00
Tax: $0.00
Total: $0.00

Notes: Please confirm menu selections 7 days prior to the event. A [0]% deposit is required to secure this booking.

Payment Terms: [Net 30 / Upon Receipt / Etc.]