PROFORMA INVOICE

[Your Catering Company Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]

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

BILL TO

[Client Company Name]
[Contact Person]
[Address]
[City, State, Zip]

EVENT INFORMATION

Venue: [Venue Name/Location]
Guest Count: [000]
Service Type: [e.g., Buffet, Plated, Corporate Lunch]

Description	Qty/Guests	Rate/Unit	Total
[Menu Package/Food Items Description]	0	$0.00	$0.00
[Beverage Service]	0	$0.00	$0.00
[Staffing & Service Labor]	0	$0.00	$0.00
[Equipment Rentals]	0	$0.00	$0.00

Subtotal: $0.00
Tax ([0]%): $0.00
Service Fee ([0]%): $0.00
Total Amount: $0.00

Payment Terms: [e.g., 50% deposit required to confirm booking. Balance due 7 days prior to event.]

Notes: Please review the menu and quantities above. This is a proforma invoice for planning purposes only.