PROFORMA INVOICE

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

Invoice #: _____
Date: _____
Valid Until: _____

CLIENT DETAILS

[Client Name]
[Organization]
[Address]
[Phone]

EVENT DETAILS

Event Date: _____
Venue: _____
Guest Count: _____
Service Type: [Buffet / Plated / Cocktail]

Description of Services & Menu Items	Quantity	Unit Price	Total
Food & Beverage Service			
Service Staff & Labor			
Equipment & Rentals (Linens, China, etc.)			
Delivery & Setup Fees			

Subtotal: $0.00
Service Charge / Gratuity: $0.00
Tax: $0.00

Total Amount: $0.00
Deposit Required: $0.00

TERMS & NOTES

1. This is a preliminary estimate, not a final bill.
2. Final headcount guarantee is required [X] days prior to event.
3. Booking is confirmed only upon receipt of signed contract and deposit.