PROFORMA INVOICE

[Institution/Company Name]
[Address Line 1]
[City, State, Zip]
[Contact Number / Email]

Date: _____
Invoice #: _____
Event Date: _____

Client Details:

[Client Name/Department]
[Contact Person]
[Billing Address]
[Phone Number]

Event Details:

Venue: _____
Pax Count: _____
Service Type: _____

Description of Catering Services & Menu Items	Quantity	Unit Price	Amount

Subtotal: _____
Service Charge/Tax: _____
Grand Total: _____

Terms & Conditions:

1. This is a proforma invoice for budgeting purposes only.
2. Final billing will be based on actual consumption/guaranteed pax.
3. Payment is due [Number] days prior to the event date.

Authorized Signatory
[Institution Name]

Client Acceptance
(Signature & Stamp)