PROFORMA INVOICE

[Catering Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [Date]
Event Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Phone Number]

EVENT DETAILS:

Venue: [Venue Name]
Guest Count: [00]
Service Type: [Buffet/Plated/Cocktail]

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

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

Tax: $0.00
Total Amount: $0.00

TERMS & INSTRUCTIONS:

1. This is a proforma invoice based on current event specifications.
2. A [00]% deposit is required to confirm the booking.
3. Final guest count must be confirmed [00] days prior to event.
4. Payment Method: [Bank Transfer / Credit Card / Check]