PROFORMA INVOICE

Catering Company Name
123 Business Street
City, State, Zip
Email: info@catering.com

Date: [Date]
Invoice #: [PR-000]
Event Date: [Event Date]

CLIENT INFORMATION

Name: [Client Name]
Address: [Client Address]
Phone: [Phone Number]

EVENT DETAILS

Type: [e.g. Wedding, Birthday]
Venue: [Venue Name]
Guest Count: [000]

Description	Qty/Unit	Price	Total
Catering Package (Menu Selection)	[Guests]	$0.00	$0.00
Beverage Service	[Hours/Guests]	$0.00	$0.00
Service Staff & Labor	[Hours]	$0.00	$0.00
Equipment Rentals (Linens, China, etc.)	1	$0.00	$0.00

Subtotal: $0.00
Service Fee (%): $0.00
Tax: $0.00

Grand Total: $0.00

Deposit Required: $0.00

TERMS & INSTRUCTIONS

1. This is a proforma invoice based on current event estimates.
2. Final guest count must be confirmed [X] days prior to the event.
3. Payment terms: [X]% deposit required to secure the date.