INVOICE

[Business Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Event Date: _____

BILL TO

[Client Name]
[Client Address]
[Phone / Email]

EVENT DETAILS

Venue: [Venue Name]
Guest Count: _____
Service Type: [Plated / Buffet / Bar]

Description	Qty/Hrs	Rate	Total
Catering: Food Service / Menu Selection			
Beverage: Alcohol & Soft Drinks			
Labor: Servers & Bartenders			
Rentals: Linens, Glassware, China			
Service Fee / Gratuity			

Subtotal: $0.00
Sales Tax: $0.00
Total Due: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]**.
Payments via Bank Transfer or Credit Card are subject to a processing fee.