INVOICE

[Catering Company Name]
[Address]
[Phone] | [Email]

Invoice #: _____
Date: _____

CLIENT DETAILS

[Client Name]
[Organization]
[Phone]

EVENT DETAILS

Event Date: _____
Service Time: _____
Guest Count: _____

BUFFET MENU SELECTIONS

Description (Appetizers, Entrees, Sides, Drinks)	Qty / Guest Count	Unit Price	Amount
Buffet Service Tier: [Name]		$	$
Staffing & Setup Fee		$	$
Equipment Rental (Chafing dishes, Linens)		$	$
Delivery / Travel Fee		$	$

Subtotal: $_____

Sales Tax: $_____

Gratuity/Service Charge: $_____

Total Amount: $_____

Deposit Paid: ($_____)

Balance Due: $_____

Notes & Policies

- Final guest count guarantee due 7 days prior to event.
- Payment due in full by event date.
- Leftover food policy: [Policy Details].

Thank you for your business! | [Website]