CATERING INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]

[Catering Company Name]
[Street Address]
[City, State, Zip]
[Contact Email / Phone]

CLIENT DETAILS

[Client Name / Organization]
[Billing Address]
[City, State, Zip]
[Phone Number]

EVENT INFORMATION

[Gala Event Name]
Date: [Event Date]
Venue: [Venue Name]
Guest Count: [000]

DESCRIPTION OF SERVICE / MENU ITEM	QUANTITY	RATE	AMOUNT
Hors d'oeuvres Service (Passed)	[Qty]	$[0.00]	$[0.00]
Plated Multi-Course Dinner	[Qty]	$[0.00]	$[0.00]
Premium Bar Service & Glassware	[Qty]	$[0.00]	$[0.00]

DESCRIPTION OF SERVICE / MENU ITEM	QUANTITY	RATE	AMOUNT
Professional Service Staff & Sommelier	[Qty]	$[0.00]	$[0.00]
Linens & Table Rentals	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Service Charge ([0]%): $[0.00]
Sales Tax: $[0.00]

Total Due: $[0.00]

Payment Terms: Net [00] Days. Please make checks payable to **[Catering Company Name]**.

Thank you for choosing our services for your gala event.