INSIGNIA CATERING

Exquisite Culinary Experiences

INVOICE

#INV-0000

CLIENT DETAILS

Name: _____

Event Date: _____

Venue: _____

BILLING DETAILS

Date issued: _____

Guest Count: _____

Reference: _____

DESCRIPTION OF SERVICE	QTY/HOURS	UNIT PRICE	TOTAL
Cuisine & Menu Selection (Per Person)	_____	$0.00	$0.00
Premium Bar & Sommelier Service	_____	$0.00	$0.00

DESCRIPTION OF SERVICE	QTY/HOURS	UNIT PRICE	TOTAL
Table Decor, Linens & Silverware	_____	$0.00	$0.00
Staffing & Service Gratuity	_____	$0.00	$0.00

Subtotal $0.00
Tax (___%) $0.00
TOTAL DUE $0.00

Thank you for choosing Insignia Catering for your distinguished event.

Payment is requested within 14 days of invoice date.