INVOICE

Catering Co. Name
Address Line 1
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Event Date: _____

CLIENT / BILL TO:

Name: _____
Venue: _____
Address: _____

EVENT DETAILS:

Guest Count: _____
Service Type: _____
Contact: _____

Description	Qty/Hrs	Unit Price	Total
Food & Menu Selection			
Beverage Service			
Staffing (Servers/Bartenders)			
Rentals (Linens/China)			
Service Fee / Gratuity			

Subtotal: $ _____
Sales Tax: $ _____
Deposit Paid: $ (_____)

BALANCE DUE: $ _____

Payment Terms: Net 30 days. Please make checks payable to "Catering Co. Name".

Thank you for choosing our catering services for your event!