INVOICE

Catering Company Name
Address Line 1
City, State, Zip
Phone: (000) 000-0000

Invoice #: _____
Date: _____
Order #: _____

Client Info:

Organization:
Contact Person:
Email:
Phone:

Event Details:

Conference Name:
Venue/Room:
Event Date:
Guest Count:

Description (Meal/Service)	Quantity	Unit Price	Total

Subtotal:$_____
Service Charge:$_____
Tax:$_____

Grand Total:$_____

Payment Terms: Net 30. Please make checks payable to _____.

Special Instructions/Dietary Notes: