INVOICE

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

Invoice #: _____
Date: _____
Event Date: _____

Client Information:

[Client Name]
[Organization Name]
[Phone Number]

Venue Details:

[Venue Name]
[Room/Hall Number]
[Guest Count: ____]

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Plated Dinner Service: [Menu Name]			
Beverage & Wine Service			
Staffing & Service Gratuity			

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Equipment & Linen Rentals			
Additional Services: [Miscellaneous]			

Subtotal: $ 0.00
Tax: $ 0.00
Grand Total: $ 0.00
Deposit Paid: ($ 0.00)
Balance Due: $ 0.00

Payment is due within [Number] days of event completion.

Thank you for your patronage.