INVOICE

Catering Services for Charity

Invoice #: [0000]

Date: [Date]

Caterer:

[Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Bill To (Organization):

[Non-Profit Name]
[Contact Name]
[Street Address]
[City, State, Zip]

Event Details:
Event Name: [Event Name]
Venue: [Location Name]
Guest Count: [000]

Description of Services / Menu Items	Quantity	Unit Price	Total
[Item Name/Description]	[0]	$0.00	$0.00
[Item Name/Description]	[0]	$0.00	$0.00
Service Staff / Labor Hours	[0]	$0.00	$0.00

Description of Services / Menu Items	Quantity	Unit Price	Total
Equipment Rental (Linens, China, etc.)	[1]	$0.00	$0.00

Subtotal: $0.00
Sales Tax: $0.00
Service Fee/Gratuity: $0.00
Fundraiser Discount: -$0.00

Total Amount Due: $0.00

Payment Terms: Due within [Number] days.

Notes: Thank you for the opportunity to support your cause. Please make checks payable to [Business Name].