CATERING INVOICE

[Your Company Name]
[Address Line 1]
[Phone] | [Email]

Invoice #: [00000]
Date: [Date]

CLIENT INFORMATION

[Client Name / Organization]
[Contact Person]
[Address]
[Phone Number]

EVENT DETAILS

Event: [Event Title / Type]
Date: [Event Date]
Location: [Venue Name]
Guest Count: [00]

Description	Quantity / Units	Unit Price	Amount
Food Service: [Menu Selection / Package]	[Qty]	$[0.00]	$[0.00]
Beverage Service: [Package Type]	[Qty]	$[0.00]	$[0.00]
Staffing: [Server/Chef/Bartender]	[Hours]	$[0.00]	$[0.00]
Equipment Rental: [Linens/China/Glassware]	1	$[0.00]	$[0.00]

Subtotal: $[0.00]

Service Charge ([0]%): $[0.00]
Sales Tax ([0]%): $[0.00]
Total Due: $[0.00]

PAYMENT TERMS & NOTES

Please make checks payable to **[Your Company Name]**. Payment is due within [Number] days. Late payments may be subject to a [0]% fee. Thank you for your business!