INVOICE

[Catering Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT / ORGANIZATION

[Client Name]
[Company Name]
[Billing Address]
[Phone Number]

EVENT DETAILS

Event: [Event Name]
Venue: [Venue Name]
Date: [Event Date]
Guest Count: [000]

DESCRIPTION	QUANTITY / UNIT	UNIT PRICE	TOTAL
Food & Menu Package (Per Person)	[Qty]	$0.00	$0.00
Beverage & Bar Service	[Qty]	$0.00	$0.00
Service Staff & Labor (Hourly/Flat)	[Qty]	$0.00	$0.00

DESCRIPTION	QUANTITY / UNIT	UNIT PRICE	TOTAL
Equipment & Linen Rentals	[Qty]	$0.00	$0.00
Delivery & Setup Fee	1	$0.00	$0.00

Subtotal $0.00
Service Charge (%) $0.00
Sales Tax (%) $0.00
Total Amount $0.00
Deposit Paid ($0.00)
Balance Due $0.00

PAYMENT INSTRUCTIONS & TERMS

Please make checks payable to **[Catering Company Name]**. Wire transfer details available upon request. Final guest counts are required 14 days prior to the event date. Late payments may incur a fee of [0%].