INVOICE

Catering Company Name
123 Culinary Way
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

CLIENT

Name: _____
Address: _____
Phone: _____

EVENT DETAILS

Date: _____
Venue: _____
Guest Count: _____
Buffet Type: _____

Description	Qty/Guests	Unit Price	Total
Buffet Menu Package: _____		$	$
Outdoor Equipment Rental (Tents, Heat/Cool)		$	$
Staffing (Servers, Chefs, Cleanup)		$	$

Description	Qty/Guests	Unit Price	Total
Beverage Station & Ice		$	$
Delivery & Off-site Setup Fee		$	$

Subtotal: $ _____
Service Charge (___%): $ _____
Tax: $ _____

Total Amount: $ _____

Deposit Paid: $ _____
Balance Due: $ _____

Payment Terms: Please make checks payable to _____.

Note: Outdoor catering is subject to weather contingency policies as per the signed contract.