INVOICE

#INV-001

Catering Company Name
123 Business Street
City, State, Zip
email@example.com

Client / Host
Name:
Event Address:
Phone:
Date of Event:
Event Details
Occasion:
Guest Count:
Service Type:
Date Issued:

Description	Quantity	Rate	Amount
Menu Package / Food Items			
Staffing / Labor			
Equipment Rental			
Delivery & Setup			

Subtotal $0.00

Service Charge (%) $0.00
Sales Tax (%) $0.00

Total Due $0.00

Deposit Paid ($0.00)
Balance Remaining $0.00

Notes & Payment Instructions:

Please make checks payable to [Company Name]. Payments via bank transfer or credit card are accepted. Final payment is due 48 hours prior to the event date.