[CATERING COMPANY NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

[0000]
Date: [MM/DD/YYYY]

CLIENT

[Client Name]
[Event Name/Type]
[Phone/Email]

Event Logistics

Date: [Event Date]
Guest Count: [00]
Location: [Venue Name]

DESCRIPTION	QTY / HOURS	UNIT PRICE	AMOUNT
[Food Service / Menu Package Name]	[0]	$0.00	$0.00
[Beverage Service]	[0]	$0.00	$0.00
[Staffing: Servers/Bartenders]	[0]	$0.00	$0.00
[Rentals: Linens/China/Glassware]	[0]	$0.00	$0.00
Subtotal:			$0.00
Service Charge ([0]%):			$0.00
Sales Tax:			$0.00

TOTAL:	**$0.00**

Payment Terms: Balance due within [Number] days. Please make checks payable to [Company Name].

Notes: [Insert cancellation policy or dietary restriction reminders here].