INVOICE

Catering Co. Name
123 Business Rd, City
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

Client / Organization:

_____
_____
_____

Workshop Details:

Event Name: _____
Location: _____
Guest Count: _____

Item Description	Qty	Unit Price	Amount
Breakfast Selection			
Morning Coffee/Tea Service			
Lunch Buffet / Boxed Lunches			
Afternoon Refreshments			
Service Fee / Delivery			

Subtotal: $_____
Tax: $_____

Total Due: $_____

Notes: Please include invoice number with payment. Dietary requirements (Vegan, GF, Nut-free) have been applied as requested.