# BOUTIQUE CATERING CO.

**INVOICE:** #0000
**DATE:** 00/00/0000

## CLIENT & EVENT DETAILS

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

## PAYMENT INFO

**Due Date:** [Date]
**Status:** [Pending/Deposit Paid]
**Reference:** [Event Name]

| DESCRIPTION | QTY/HRS | RATE | TOTAL |
|---|---|---|---|
| Custom Seasonal Menu (Per Person) | 0 | $0.00 | $0.00 |
| Staffing (Service & Kitchen) | 0 | $0.00 | $0.00 |
| Beverage Package & Bar Service | 0 | $0.00 | $0.00 |
| Equipment Rentals & Linens | 1 | $0.00 | $0.00 |

Subtotal: $0.00
Service Fee (18%): $0.00
Tax: $0.00
Total Due: $0.00

**Notes:** Please finalize final guest count 14 days prior to event. Deposits are non-refundable.

**Payment Method:** Bank Transfer / Credit Card / Check