INVOICE

Catering Company Name
123 Business Way
City, State, ZIP

Invoice #: _____
Date: _____

CLIENT:

Name: _____
Company: _____
Address: _____

EVENT DETAILS:

Date: _____
Time: _____
Location: _____

Description (Menu Items / Services)	Qty/Heads	Rate	Total
Breakfast Package: _____			
Coffee & Beverage Service			
Delivery & Setup Fee	1		

Description (Menu Items / Services)	Qty/Heads	Rate	Total
Service Staff / Gratuity			

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Payment Terms: Payable upon receipt or within ___ days.

Notes: _____