INVOICE

Catering Services

Invoice #: _____

Date: _____

Caterer:

[Company Name]
[Address Line 1]
[Phone / Email]

Bill To (Charity):

[Organization Name]
[Event Name]
[Contact Person]

Event Details:

Date: _____ | Guest Count: _____ | Venue: _____

Description	Quantity/Rate	Unit Price	Total
Plated Dinner Service (Course Meal)			
Hors d'oeuvres / Cocktail Hour			
Beverage & Bar Service			

Description	Quantity/Rate	Unit Price	Total
Staffing (Servers/Bartenders/Chefs)			
Equipment Rentals (Linens/China)			

Subtotal: $_____
Service Fee/Gratuity: $_____
Charity Discount/Sponsorship: ($_____)

Total Amount Due: $_____

Payment Instructions:

Please make checks payable to: _____

Due Date: _____

Thank you for allowing us to support your mission.