CATERING COMPANY

123 Business Way
City, State, Zip
Email: contact@company.com

INVOICE

Invoice #: _____
Date: _____

CLIENT:

Company Name: _____
Contact Name: _____
Phone: _____

EVENT DETAILS:

Event Date: _____
Location: _____
Guest Count: _____

Service/Item Description	Quantity	Unit Price	Total
Buffet Package: _____			
Beverage Service			
Staffing / Service Fee			
Equipment Rental (Linens, Chafing Dishes)			

Service/Item Description	Quantity	Unit Price	Total
Delivery & Setup			

Subtotal: $_____
Tax: $_____
Gratuity (___%): $_____
TOTAL DUE: $_____

Notes / Terms:

Please make checks payable to **Catering Company Name**. Payment is due within 15 days of event completion.