INVOICE

Catering & Event Services

Invoice #: _____

Date: _____

PROVIDER:

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

BILL TO:

[Client Name]
[Organization]
[Street Address]
[City, State, Zip]

EVENT LOGISTICS

Venue: _____

Event Date: _____

Guest Count: _____

Service Type: _____

SERVICE DETAILS

Description	Qty/Guests	Unit Price	Total
Food & Beverage Menu (Per Person)			$0.00

Description	Qty/Guests	Unit Price	Total
Bar & Beverage Services			$0.00
Staffing (Servers, Bartenders, Chefs)			$0.00
Rentals (Linens, China, Glassware)			$0.00
Venue/Delivery Fees			$0.00

Subtotal: $0.00
Service Charge (___%): $0.00
Sales Tax: $0.00

Grand Total: $0.00
Deposit Paid: ($0.00)
Balance Due: $0.00

Payment Terms: Net 30 days. Please make checks payable to [Company Name].

Notes: Final headcount adjustments must be submitted 14 days prior to the event date.