[BUSINESS NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

[0000]
Date: [Date]
Event Date: [Date]

Client / Bill To:

[Client Name]
[Organization]
[Address]
[Phone/Email]

Event Location:

[Venue Name]
[Address/Cross Streets]
Service Time: [Start] - [End]

Description of Service/Menu Item	Qty/Pax	Rate	Total
[Main Menu Package Name]	0	$0.00	$0.00
[Additional Item/Beverage Service]	0	$0.00	$0.00
[Service Fee / Travel / Labor]	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Gratuity: $0.00

Total Due: $0.00

Payment Terms:

Deposit of [00]% required to secure date. Final balance due [00] days prior to event.

Make checks payable to: [Business Name] or pay via [Payment Method Info].

Thank you for your business!