CATERING INVOICE

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

Invoice #: [0000]
Date: [Date]
Event Date: [Date]

CLIENT / FESTIVAL DETAILS

[Festival Name]
[Client Contact Name]
[Billing Address]
[Tax ID/VAT if applicable]

SITE LOCATION

[Booth Number/Location]
[Load-in Time]
[Service Hours]

Description / Menu Items	Quantity/Heads	Unit Price	Total
[Main Service Item]	[0]	$0.00	$0.00
[Additional Service / Equipment Rental]	[0]	$0.00	$0.00
[Staffing / Labor Fees]	[0]	$0.00	$0.00

Subtotal: $0.00
Service Charge (%): $0.00
Sales Tax: $0.00
Amount Due: $0.00

TERMS & NOTES

Please make checks payable to **[Company Name]**. Payment is due within [X] days. Outdoor event adjustments (weather, site changes) may incur additional fees as per the original contract.