INVOICE

Invoice #:

Date:

Catering Provider
Name:
Phone:
Email:

Client / Event Organizer
Name:
Address:
Event Name:
Event Details
Location:
Event Date:

Staff Name / Role	Date	Hours	Rate ($)	Total ($)

Subtotal:

Additional Fees/Tips:

Grand Total:

Payment Instructions:

Please make checks payable to:

Bank Transfer Details:

Terms: Payment due within days.