BUFFET INVOICE

[Catering Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

CLIENT DETAILS

Name: _____
Event Date: _____
Location: _____

EVENT DETAILS

Guest Count: _____
Service Type: Full Service Buffet
Service Hours: _____

Description of Service / Menu Items	Qty/Unit	Price	Total
Buffet Menu Package (Per Person)			
Chef & Staffing Labor Hours			
Equipment Rental (Linens, Chafers, etc.)			
Beverage Service / Station			

Description of Service / Menu Items	Qty/Unit	Price	Total
Delivery & Setup Fee	1		

Subtotal $_____
Gratuity (%) $_____
Sales Tax $_____
Total Due $_____

Notes: _____

Payment Terms: Balance due upon receipt or within [X] days. Please make checks payable to [Company Name].