GOURMET CATERING CO.

[Business Address Street]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____

CLIENT DETAILS:

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

EVENT DETAILS:

Event Date: _____
Event Type: _____
Guest Count: _____
Venue: _____

Description of Services / Menu Items	Quantity	Unit Price	Total
[Hors d'oeuvres Selection]			
[Main Course Selection]			
[Beverage Service]			

Description of Services / Menu Items	Quantity	Unit Price	Total
[Service Staff / Labor]			
[Equipment Rentals]			

Subtotal: $_____

Service Charge (___%): $_____

Sales Tax: $_____

Total Amount Due: $_____

Payment Terms: Please remit payment within 15 days. Make checks payable to "Gourmet Catering Co."
Notes: Thank you for choosing our services for your special event.