HOLIDAY INVOICE

Catering Company Name
123 Festive Lane
City, State, Zip

Invoice #: _____
Date: _____
Event Date: _____

Client Information:
Name: _____
Venue: _____
Guest Count: _____

Event Type:
[ ] Corporate Holiday Party
[ ] Private Dinner
[ ] Festive Buffet

Description of Service / Menu Item	Qty / Hrs	Unit Price	Total

Subtotal: $_____
Service Fee: $_____
Tax: $_____

Total Due: $_____

Payment Terms: Please make checks payable to _____.
A non-refundable deposit is required to secure the holiday date.

Season's Greetings!