CATERING INVOICE

Gathering & Event Services

Invoice #: _____

Date: _____

Caterer:

Business Name
Street Address
City, State, Zip
Phone / Email

Client:

Host Name
Event Address / Venue
City, State, Zip
Contact Number

Event Details:
Type: _____ | Guest Count: _____ | Time: _____

Description	Quantity	Unit Price	Total
Food Service / Menu Selection			
Beverage Service			
Staffing / Labor			

Description	Quantity	Unit Price	Total
Equipment Rental / Linens			
Delivery & Setup Fee			

Subtotal: $ _____
Service Charge: $ _____
Tax: $ _____

Amount Due: $ _____

Notes:

_____

Payment Terms: Please remit payment within ____ days. Thank you for your business.