INVOICE

[Catering Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [000]
Date: [Date]
Wedding Date: [Date]

BILL TO:

[Client Names]
[Client Address]
[Phone Number]

EVENT VENUE:

[Venue Name]
[Venue Location]
Guest Count: [000]

DESCRIPTION OF SERVICES	RATE/UNIT	QTY	TOTAL
Reception Dinner Menu Selection	$0.00	0	$0.00
Hors d'oeuvres / Cocktail Hour	$0.00	0	$0.00
Beverage & Bar Service	$0.00	0	$0.00
Staffing & Service Labor	$0.00	0	$0.00

DESCRIPTION OF SERVICES	RATE/UNIT	QTY	TOTAL
Equipment & Linen Rentals	$0.00	1	$0.00

Subtotal: $0.00
Service Charge (%): $0.00
Tax: $0.00

Total: $0.00

Deposit Paid: -$0.00

Balance Due: $0.00

Payment Terms: Balance due 14 days prior to wedding date.

Notes: [Insert menu specifications or dietary restriction notes here]

Thank you for letting us be part of your special day!