INVOICE

Catering Company Name
123 Breakfast Lane
City, State, Zip
Email: contact@example.com

Invoice #: _____
Date: _____
Event Date: _____

CLIENT / BILL TO:

Name: _____
Company: _____
Address: _____
Phone: _____

EVENT DETAILS:

Venue: _____
Guest Count: _____
Service Time: _____
Type: [ ] Drop-off [ ] Full Service

Description (Breakfast Menu Items)	Quantity	Unit Price	Total
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____

Description (Breakfast Menu Items)	Quantity	Unit Price	Total
Service Fee / Gratuity	-	-	$_____
Delivery / Setup Fee	-	-	$_____

Subtotal: $_____
Sales Tax: $_____
Total Due: $_____

Notes / Special Instructions:

_____
_____
_____
_____

Payment Terms:
Please make checks payable to: _____
Payment is due by: _____