INVOICE

[Catering Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]

CLIENT:
[Client Name]
[Event Name]
[Billing Address]
EVENT DETAILS:
Date: [Event Date]
Location: [Venue Name]
Guest Count: [00]

Description	Quantity/Hours	Unit Price	Total
Hors d'oeuvres Package (Selection of [X] Items)	[Guests]	$0.00	$0.00
Premium Bar Service (Beer, Wine, Spirits)	[Hours]	$0.00	$0.00
Professional Service Staff (Bartenders/Servers)	[Staff Count]	$0.00	$0.00
Glassware & Linen Rentals	[Lump Sum]	$0.00	$0.00

Subtotal: $0.00
Service Charge ([0]%): $0.00
Sales Tax: $0.00

Total Amount Due: $0.00

Payment Instructions:
Please make checks payable to [Company Name]. Payments can also be made via [Payment Method].
Payment is due within [X] days of event completion.