CATERING INVOICE

Company Name
123 Business Road
City, State, ZIP

Invoice #: _____

Date: _____

Due Date: _____

Billed To:

Client Name
Event Location/Address
Contact Number

Event Details:

Event Date: _____
Guest Count: _____
Event Type: _____

Description	Quantity/Hours	Unit Price	Total
Food & Menu Selection			
Beverage Service			
Staffing & Labor			
Rentals (Linens, China, etc.)			

Description	Quantity/Hours	Unit Price	Total
Delivery & Setup Fee			

Subtotal: $0.00
Sales Tax: $0.00
Service Charge: $0.00

Total Amount: $0.00
Amount Paid: $0.00
Balance Due: $0.00

Please make all checks payable to [Company Name].

Thank you for your business!