

INVOICE

Catering Company Name
Street Address
City, State, Zip
Phone | Email

Invoice #: _____
Date: _____
Event Date: _____

CLIENT:

Name/Organization
Address
Phone
Email

EVENT DETAILS:

Venue Name
Guest Count: _____
Service Type: (Buffet/Plated/Passed)
Timeline: _____

Description (Menu & Service Items)	Quantity	Unit Price	Total
Food & Beverage Package			
Staffing / Labor (Servers, Bartenders, Chefs)			
Equipment & Rentals (Linens, China, Glassware)			
Delivery & Setup Fee			

Description (Menu & Service Items)	Quantity	Unit Price	Total
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Subtotal: \$ _____
 Service Charge (____%): \$ _____
 Sales Tax (____%): \$ _____

Total Amount: \$ _____
 Deposit Paid: (\$ _____)

Balance Due: \$ _____

Payment Terms: Balance due by _____.

Cancellation Policy: _____

Notes: _____