HOLIDAY CATERING

Company Name
Street Address
City, State, Zip

INVOICE

Invoice #: _____
Date: _____

Client Details:

Contact Name: _____
Organization: _____
Phone: _____

Event Details:

Event Date: _____
Location: _____
Guest Count: _____

Description	Quantity	Unit Price	Total
Holiday Menu Package: _____	____	$____	$____
Beverage Service / Open Bar	____	$____	$____

Description	Quantity	Unit Price	Total
Staffing (Server/Bartender/Chef)	____	$____	$____
Equipment & Linens	____	$____	$____
Delivery & Set-up Fee	1	$____	$____

Subtotal: $_____
Tax (____%): $_____
Service Charge: $_____

Grand Total: $_____
Deposit Paid: ($_____)
Balance Due: $_____

Please make checks payable to: _____

Thank you for letting us cater your holiday celebration!