INVOICE

Caterer: _____

Address: _____

Phone: _____

Date: _____

Invoice #: _____

Client Details:
Name: _____
Phone: _____
Email: _____
Event Details:
Date: _____
Location: _____
Guest Count: _____

Description (Food, Service, Rental)	Quantity	Unit Price	Total

Subtotal: $ _____

Service Fee (%): $ _____
Tax: $ _____

Grand Total: $ _____

Deposit Paid: $ _____
Balance Due: $ _____

Notes / Special Instructions:

_____

Payment Terms: Due within ____ days. Please make checks payable to _____.