OUTSTANDING INVOICE

[Catering Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: [00000]
Date Issued: [Date]
Event Date: [Date]

BILL TO:

[Client Name]
[Organization]
[Address]
[Phone]

EVENT DETAILS:

Venue: [Venue Name]
Guest Count: [00]
Service Type: [Buffet/Plated/Other]

Description	Qty/Hours	Rate	Amount
Food & Beverage Services	[0]	$0.00	$0.00
Service Staff / Labor	[0]	$0.00	$0.00
Equipment Rentals	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Service Fee: $0.00

Less Deposit: ($0.00)

TOTAL DUE: $0.00

Payment Instructions:
Please make checks payable to [Company Name]. For bank transfers, use [Account Details].
Payment was due on: [Original Due Date]. Please remit balance immediately.