



CATERING BILLING STATEMENT

Statement No: _____
Date: _____
Due Date: _____

CATERING SERVICE PROVIDER

Company: _____
Address: _____
Phone: _____
Email: _____

CLIENT & EVENT DETAILS

Client Name: _____
Event Date: _____
Venue: _____
Guest Count: _____

STAFF ROLE / SERVICE DESCRIPTION	HOURLY RATE	HOURS	STAFF QTY	TOTAL AMOUNT

Hourly Subtotal: _____
Additional Fees: _____
Sales Tax: _____
Total Due: _____

PREPARED BY _____

CLIENT ACCEPTANCE SIGNATURE

Thank you for your business. Payment is requested in accordance with our catering service agreement terms.