

# CATERING INVOICE

Invoice No: .....

Date: .....

Due Date: .....

**CLIENT INFORMATION**

Client Name: .....

Contact Person: .....

Phone: .....

Email: .....

**EVENT INFORMATION**

Event Date: .....

Event Venue: .....

Guest Count: .....

Event Type: .....

DESCRIPTION / SERVICE	QUANTITY	UNIT PRICE	TOTAL
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Subtotal: \_\_\_\_\_

Service Charge: \_\_\_\_\_

Sales Tax: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Deposit Paid: \_\_\_\_\_

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**Balance Due:**

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**Payment Terms & Conditions**

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CLIENT SIGNATURE