**Catering Invoice Template PDF**

**Catering Business Information
 Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Business Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Billing Details
 Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Information
 Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_
 Event Type: ☐ Birthday ☐ Wedding ☐ Conference ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_
 Venue Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Estimated Guest Count: \_\_\_\_\_\_\_\_\_\_\_\_**

**Invoice Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Invoice Date: \_\_\_\_\_\_\_\_\_\_\_\_
 Due Date: \_\_\_\_\_\_\_\_\_\_\_\_**

| **Service** | **Details** | **Quantity** | **Total ($)** |
| --- | --- | --- | --- |
| **Appetizers** | **Small bites** |  |  |
| **Main Dishes** | **Entrées served** |  |  |
| **Sides** | **Complementary dishes** |  |  |
| **Desserts** | **Sweet treats** |  |  |
| **Drinks** | **Non-alcoholic beverages** |  |  |
| **Equipment Rental** | **Tables, chairs, etc.** |  |  |
| **Service Charges** | **Staffing fees** |  |  |
| **Additional Fees** | **Other services** |  |  |

**Total Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_
 Deposit Paid: $ \_\_\_\_\_\_\_\_\_\_\_\_
 Balance Due: $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Method: ☐ Cash ☐ Credit Card ☐ Check ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization
 Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_\_\_\_\_**