**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: \_\_\_\_\_\_\_\_\_\_\_\_**