Food Catering Service Invoice Form

Catering Compan	y Information		
Company Name:			
Business Addres	ss:		
Phone:	Email:		
Client Information	1		
Client Name:			_
Phone:	Email:		
Event Location:			
Event Details			
Event Type: \Box C	orporate \square Wedding \square P	rivate Party 🗆 Other	:
Date of Event:			
Guest Count:			
Invoice Number:			
Date Issued:			
Payment Due Da	te:		
Item	Description	Quantity	Total (\$)
Itom	Description	Quantity	ισται (ψ)
Appetizers	Starters served		
Main Course	Meal selections		
Side Dishes	Accompaniments		

Desserts

Beverages

Service Charge

Sweet treats

Non-alcoholic drinks

Waitstaff and chefs

Travel Charges	Catering transport					
Additional Fees	Miscellaneous costs					
Total Invoice Amou	nt: \$					
Deposit Paid: \$						
Balance Due: \$						
Payment Method: ☐ Cash ☐ Credit Card ☐ Check ☐ Other:						
Client Agreement						
Client Signature: _						
Date:	_					