Business name _____

Address _____

Phone · Email _____

Seller's permit no. _____

Catering invoice

Invoice no. _____

Invoice date _____

Due date _____

Terms _____

☐ Net 30 ☐ Due on delivery ☐ Deposit, then balance

PO number _____

BILL TO

Account name _____

Accounts payable contact _____

Accounts payable email _____

Billing address _____

DELIVERY

Delivery date _____

Delivery time _____

Delivery address _____

On-site contact and phone _____

Headcount _____

Item	Qty	Unit price	Amount
Delivery fee			
Setup or service			
Gratuity (optional)			

PAY TO

Checks payable to _____

Card or payment link _____

Bank transfer _____

Tax exempt, certificate on file ☐ Yes ☐ No

Date received _____

Subtotal _____

Sales tax (rate %) _____

Total _____

Deposit received _____

Balance due _____

Final headcount due ___ days before delivery.

Cancellation policy:

Thank you. Please write the invoice number on your check.