

Catering Services Billing Statement

Billing Statement

No.:

Date Issued:

Client Name:

Event Date:

Event Location:

Contact Number:

Description	Quantity	Unit Price	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Remarks / Notes:

Prepared by:

Approved by: