

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:**