

# Professional Catering Charges Sheet

Client Name:

Event Date:

Location:

Event Type:

S/N	Description	Quantity	Rate (per unit)	Total
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total				<input type="text"/>

Notes / Special Instructions: