

## Restaurant Catering Services Invoice

**Restaurant Name:**  
123 Main Street  
City, State, Zip  
Phone: (123) 456-7890  
Email: info@restaurant.com

**Invoice #:**   
**Date:**   
**Due Date:**

**Billed To:**

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"/>
Subtotal			<input type="text"/>
Tax (%)			<input type="text"/>
Total			<input type="text"/>

**Notes:**

Thank you for choosing our catering services!