

Beverage Service Invoice

Company Name

Address Line 1
Address Line 2
Contact: 123-456-7890

Invoice #:
Date:
Due Date:

Bill To:

Client Name
Client Company
Client Address Line 1
Client Address Line 2

#	Description	Quantity	Unit Price	Amount
1	Coffee (per liter)			
2	Tea (per liter)			
3	Fruit Juice (per bottle)			
4	Mineral Water (per bottle)			

Subtotal

Tax (%)

Total

Notes / Terms: