

[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

[0000]
Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Company]
[Client Address]

EVENT DETAILS:

Event: [Event Name]
Date: [Event Date]
Venue: [Venue Name]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
Event Design & Concept Development	-	-	\$0.00
Vendor Coordination & Management	-	-	\$0.00

DESCRIPTION OF SERVICES	HOURS/QTY	RATE	AMOUNT
On-Site Event Supervision	-	-	\$0.00
Rental Equipment & Decor	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Agency Name]. For bank transfers, use Acc: [00000000] Sort: [00-00-00]. Payment is due within [15] days of invoice date.