

[EVENT COMPANY NAME]

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

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

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

EVENT OVERVIEW

Event: [Event Name/Title]
Date: [Event Date]
Venue: [Venue Name]

Description of Services	Qty/Hours	Rate	Amount
Initial Consultation & Concept Design	[0.0]	[\$0.00]	[\$0.00]
Vendor Coordination & Management	[0.0]	[\$0.00]	[\$0.00]

Description of Services	Qty/Hours	Rate	Amount
On-site Event Supervision	[0.0]	[\$0.00]	[\$0.00]
[Additional Service Item]	[0.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]
Less Deposit: (\$[0.00])
Balance Due: \$[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Event Company Name]**. For bank transfers, use Account: [00000000] Sort Code: [00-00-00].

Thank you for your business!