INVOICE

[Event Planning Company Name]
[Street Address]
[City, State, Zip]

Date: _____
Invoice #: _____
Event Date: _____

CLIENT / BILL TO:

[Client Name]
[Company Name]
[Address]
[Phone/Email]

EVENT DETAILS:

Venue: [Venue Name]
Event Type: [e.g. Conference/Gala]
Guest Count: _____

Description	Quantity/Hrs	Unit Price	Total
Event Planning & Coordination Fee			
Venue Rental / Management			
Catering & Beverage Services			
Audio/Visual & Lighting			
Decor & Rentals			

Description	Quantity/Hrs	Unit Price	Total
Staffing (Security/Servers)			

Subtotal: $_____

Tax: $_____

Deposit Paid: ($_____)

Total Amount Due: $_____

Payment Terms: Please remit payment within [Number] days. Make all checks payable to [Company Name].
Notes: Thank you for your business.