

[Agency Name]

[Street Address]
[City, Country]
[Email/Phone]

INVOICE

DATE: [DATE]
INVOICE #: [000]

Client Details:

[Couple Names]
[Address]
[Contact Number]

Wedding Details:

Destination: [Location]
Date: [Wedding Date]
Guests: [Count]

Service Description	Rate/Unit	Quantity	Total
Full Planning & Coordination Fee	\$	1	\$
Travel & Site Inspection Expenses	\$	-	\$
Vendor Liaison & Negotiation	\$	-	\$

Service Description	Rate/Unit	Quantity	Total
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On-Site Management (Days)	\$	[#]	\$
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Subtotal: \$_____

Tax/VAT: \$_____

Grand Total: \$_____

Payment Terms:

Please make payment via [Bank Transfer/Credit Card] by [Due Date].
Thank you for allowing us to be part of your special journey.