TRADE SHOW MANAGEMENT

[Your Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / EXHIBITOR

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

EVENT DETAILS

Event Name: _____
Booth Number: _____
Venue: _____

Description of Services / Rentals	Qty/Hrs	Unit Price	Total
Booth Space Management Fee			
Equipment Rental (AV/Furniture)			
Logistics & Freight Coordination			

Description of Services / Rentals	Qty/Hrs	Unit Price	Total
On-site Staffing/Support			

Subtotal: $ _____
Tax Rate: _____ %
Tax Amount: $ _____
TOTAL DUE: $ _____

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Your Company Name]**.
For Wire Transfers: [Bank Name] | Account: [Number] | Routing: [Number]
Terms: Net [30] days. Late payments are subject to a [1.5%] monthly fee.