[PLANNING AGENCY NAME]

INVOICE

INV-0000
Date: [Month Day, Year]

FROM

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

BILL TO

[Client Name(s)]
[Client Address]
[City, State, Zip]
Wedding Date: [Date]

Service Description	Rate	Qty/Hrs	Amount
Wedding Planning Package (Full/Partial)	$0.00	1	$0.00
Day-of Coordination Services	$0.00	1	$0.00
Vendor Management & Consulting	$0.00	1	$0.00
Travel & Administration Fees	$0.00	1	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Due: $0.00

PAYMENT NOTES

Please include the invoice number with your payment. We accept Bank Transfer, Check, or Credit Card. Payments are due within [Number] days of invoice date.

Thank you for allowing us to be part of your special day!