INVOICE

Agency Name
123 Event St, Suite 100
City, State, Zip
contact@agency.com

Invoice #: _____
Date: _____
Event Date: _____

BILL TO:

_____
_____
_____

EVENT DETAILS:

Venue: _____
Guest Count: _____

Description (Staffing & Catering)	Quantity / Hrs	Rate	Total
Staff: _____			
Staff: _____			
Catering: _____			
Service Fee / Equipment			

Subtotal: $_____
Tax: $_____

Total Amount: $_____

Notes / Payment Instructions:

Please make checks payable to Agency Name. Net 30 terms apply.