

GALA EVENT PLANNING

[Business Address Line 1]

[City, State, Zip]

[Email / Phone]

INVOICE

No: [Invoice #]

Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Name]

[Company Name]

[Street Address]

[City, State, Zip]

EVENT DETAILS

Event: [Gala Name]

Date: [Event Date]

Venue: [Venue Name]

Payment Due: [Date]

Description of Services	Hours/Qty	Rate	Amount
Venue Coordination & Logistic Management			\$ 0.00
Catering & Menu Design Consultation			\$ 0.00
Decor, Floral & Theme Execution			\$ 0.00

Description of Services	Hours/Qty	Rate	Amount
Entertainment & AV Production Oversight			\$ 0.00
On-Site Event Management (Day of Gala)			\$ 0.00
Subtotal: \$ 0.00			
Tax: \$ 0.00			
Deposit Paid: - \$ 0.00			
Total Balance: \$ 0.00			

NOTES & PAYMENT INSTRUCTIONS

Please make all checks payable to [Business Name]. For bank transfers, use [Routing/Account Details]. Thank you for choosing our services for your gala event.