INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Organization]
[Address]
[Phone/Email]

FACILITY DETAILS:

[Facility Name/Room]
Event Date: _____
Total Hours: _____

Description	Quantity/Hours	Rate	Amount
Facility Rental Fee			
Equipment/Utility Surcharge			
Cleaning/Security Fee			
Other: _____			

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Payment Instructions:

Please make checks payable to: [Company Name]
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business!