

TRAVEL AGENCY

123 Global Way, Suite 100
City, State, Zip Code
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Client Name: _____
Address: _____
Email: _____

ITINERARY DETAILS:

Destination: _____
Departure: _____
Return: _____

Description	Qty/Days	Rate	Total
Flight Booking (Ref: _____)			
Hotel Accommodation			
Tour Packages / Excursions			

Description	Qty/Days	Rate	Total
Travel Insurance & Fees			
<hr/>			
Subtotal: \$0.00			
Tax: \$0.00			
<hr/>			
Total: \$0.00			

Payment Terms: Please pay within 15 days of invoice date.

Note: Tickets and vouchers will be issued upon receipt of full payment. Thank you for choosing our agency.