

# [AGENCY NAME]

[Street Address]  
[City, State, Zip]  
[Email/Phone]

## INVOICE

# [0000]  
Date: [Date]

### BILL TO:

[Client Names]  
[Address]  
[Phone Number]

### WEDDING DETAILS:

Destination: [Location]  
Date: [Wedding Date]  
Group Code: [Ref Number]

DESCRIPTION OF SERVICES / BOOKINGS	QTY	UNIT PRICE	AMOUNT
Professional Planning & Coordination Fee	1	\$0.00	\$0.00
Travel Deposit: [Resort Name/Flight]	[#]	\$0.00	\$0.00
Travel Insurance Premium	[#]	\$0.00	\$0.00

Subtotal: \$0.00  
Tax/VAT: \$0.00  
Total Due: \$0.00

PAYMENT TERMS:

Please make checks payable to [Agency Name]. For credit card payments, please use the secure portal link provided in your email. Payments are subject to the terms and conditions of the respective travel suppliers.

*Thank you for letting us be part of your journey.*