

TRAVEL INVOICE

Agency: [Agency Name]
[Address Line 1]
[Phone / Email]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Client / Couple:

[Name 1 & Name 2]
[Address Line 1]
[Phone / Email]

Destination Details:

Venue: [Resort/Hotel Name]
Location: [City, Country]
Travel Dates: [Dates]

DESCRIPTION OF TRAVEL SERVICES	QTY	RATE	AMOUNT
Wedding Group Room Block Deposit / Management	1	\$0.00	\$0.00
Round-trip Airfare (Group/Individual)	0	\$0.00	\$0.00
Luxury Ground Transfers (Arrival/Departure)	0	\$0.00	\$0.00
Travel Insurance Premiums	0	\$0.00	\$0.00
Destination Concierge & Planning Fee	1	\$0.00	\$0.00

Subtotal: \$0.00
Taxes/Fees: \$0.00
Total Amount: \$0.00
Paid to Date: (\$0.00)

Balance Due: \$0.00

Notes & Terms:

All bookings are subject to the terms and conditions of the respective travel suppliers. Please verify names match passports exactly. Payments are non-refundable unless covered by specific insurance policies.

Thank you for choosing [Agency Name] for your special day.