

TRAVEL WEDDING CO.

123 Global Way, Suite 100
Destination City, ST 00000

INVOICE

Date: [Date]
Invoice #: [00001]

BILLED TO

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

EVENT DETAILS

Destination: [Location]
Wedding Date: [Date]

Description	Rate/Price	Qty/Days	Amount
Wedding Planning & Coordination Fee	\$0.00	1	\$0.00
On-Site Travel Logistics Management	\$0.00	[0]	\$0.00
Vendor Sourcing & International Contracts	\$0.00	1	\$0.00
Travel & Accommodation Expenses	\$0.00	[0]	\$0.00
Subtotal	\$0.00		
Tax (0%)	\$0.00		
Total Due	\$0.00		

Payment Terms: Please remit payment within 15 days of invoice date.

Notes: Thank you for choosing us to plan your destination wedding. We look forward to making your day unforgettable.