

JETSTREAM CHARTERS

INVOICE

123 Aviation Way

Date: _____

Executive Terminal, Skyport

Invoice #: _____

CLIENT:

FLIGHT DETAILS:

Aircraft Type: _____

Tail Number: _____

Route: _____

DESCRIPTION	RATE / HR	QUANTITY	AMOUNT
Flight Time (Block Hours)	\$		\$
Fuel Surcharge	\$		\$
Landing & Ground Handling Fees	\$		\$
Catering & In-flight Services	\$		\$
Overnight Crew Expenses	\$		\$
Subtotal:		\$	
FET (Federal Excise Tax):		\$	
TOTAL DUE:		\$	

Payment Terms

Wire transfer only. Payments must be received 48 hours prior to departure.

"Elevating Professional Travel"