

INVOICE

Empty Leg Flight Services

Invoice #: _____

Date: _____

OPERATOR / PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

BILL TO

[Client Name]

[Client Address]

[Client Contact]

FLIGHT ITINERARY (EMPTY LEG)

Aircraft: [Model/Tail #]

Departure: [Airport Code]

Arrival: [Airport Code]

Flight Date: [Date]

ETD: [Time]

ETA: [Time]

Description	Rate/Flat Fee	Tax	Amount
Empty Leg Charter Service			
Landing & Handling Fees			
FET (Federal Excise Tax)			
Catering / Special Requests			

Subtotal: _____

Total Tax: _____

Total Amount Due: _____

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Payment Due Date: [Date]

Terms & Conditions: Empty leg flights are subject to change based on the primary charter schedule.