

# EXECUTIVE AIR CHARTER

## INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

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### CLIENT INFORMATION

**[Client Name / Company]**

[Address Line 1]

[City, State, Zip]

[Phone / Email]

### FLIGHT DETAILS

**Aircraft:** [Type/Tail Number]

**Route:** [Origin] to [Destination]

**Date of Travel:** [Date]

**Passengers:** [Count]

Description	Rate/Unit	Qty/Hours	Amount
Charter Flight Time			
Fuel Surcharge			
Landing & Ground Handling Fees			
Catering & In-flight Services			

Description	Rate/Unit	Qty/Hours	Amount
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Federal Excise Tax (FET)

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Subtotal: \$ 0.00

Tax: \$ 0.00

Total Balance Due: \$ 0.00

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**PAYMENT INSTRUCTIONS**

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Terms: Due upon receipt unless otherwise negotiated.

Thank you for choosing Executive Air Charter. Fly Safe.