

SERVICE INVOICE

Crew Member Name / Entity

Invoice #: _____

Date: _____

BILLED TO

Client Name: _____

Address: _____

Operator/Owner: _____

FLIGHT DETAILS

Tail Number: _____

Aircraft Type: _____

Route: _____

Description of Services (Daily Rate/Expense)	Date(s)	Qty/Days	Rate	Amount
Pilot/Flight Attendant Services				
Per Diem / Meals				
Travel Expenses (Ground/Air)				
Lodging				
Miscellaneous				
Subtotal: \$0.00				
Total Due: \$0.00				

PAYMENT INSTRUCTIONS

Bank Name: _____

Account #: _____

Routing/SWIFT: _____

NOTES

Net 15 unless otherwise specified. Thank you for your business.

Private Flight Crew Services | Contact Email: _____ | Phone: _____