

# EXPEDITION INVOICE

**Outfitter:** [Expedition Company Name]  
[Field Office Location / GPS Coordinates]  
[Contact Satellite Number/Email]

**Invoice #:** [00000]  
**Date:** [Date]  
**Expedition ID:** [Reference Code]

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## Client / Participant:

[Name / Organization]  
[Billing Address]  
[Emergency Contact Reference]

## Expedition Details:

**Region:** [Wilderness Area]  
**Duration:** [Start Date] to [End Date]  
**Party Size:** [Number of Persons]

DESCRIPTION OF SERVICES & GEAR	QTY/DAYS	RATE	TOTAL
Guided Expedition Leadership & Logistics			
Remote Area Permits & Access Fees			
Technical Equipment Rental (Shelter/Nav/Comm)			
Rations & Provisions (High-Calorie/Backcountry)			

DESCRIPTION OF SERVICES & GEAR	QTY/DAYS	RATE	TOTAL
Emergency Medevac Insurance Surcharge			
<hr/>			
Subtotal: \$0.00			
Wilderness Recovery Tax: \$0.00			
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<b>Total Balance Due: \$0.00</b>			

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**Payment Terms:** Net 30. Payments must be cleared prior to departure date. All remote expeditions are subject to weather-dependent scheduling and force majeure clauses.

**Notes:** [Specific instructions regarding gear shipping or rendezvous points.]