

WILDLIFE SAFARI EXPEDITION

Invoice #: _____
Date: _____
Expedition ID: _____

BILLED TO:

EXPEDITION DETAILS:

Destination: _____
Duration: _____
Guide Name: _____

Description of Service / Activity	Qty	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: \$ _____
Conservation Fee (Tax): \$ _____
Grand Total: \$ _____

Terms: Payment due within 15 days. Please include Expedition ID with payment.

Thank you for choosing Wildlife Safari Expedition. Your visit contributes directly to local habitat conservation.