

# SHORE EXCURSION INVOICE

[Tour Operator Name]  
[Address Line 1]  
[Email/Phone]

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

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## Client Details:

[Guest Name / Group Name]  
[Ship Name / Cabin Number]  
[Contact Info]

## Excursion Details:

**Duration:** [X] Days  
**Start Date:** \_\_\_\_\_  
**End Date:** \_\_\_\_\_

Date / Day	Port & Activity Description	Quantity	Rate	Amount
Day 1: [Date]	[Port Name] - [Excursion Title]			
Day 2: [Date]	[Port Name] - [Excursion Title]			
Day 3: [Date]	[Port Name] - [Excursion Title]			
Add-ons	[Private Transport / Meals / Entry Fees]			

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Subtotal: \$0.00

Tax/VAT: \$0.00

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**Total Due: \$0.00**

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**Payment Instructions:**

Please complete payment via [Bank Transfer/Credit Card/Onboard Credit].  
Terms: Payments must be finalized 24 hours prior to the first excursion day.