

INVOICE

Guide Name/Company

Address Line 1
City, Country, Zip
Email / Phone

Invoice #: _____
Date: _____
Cruise Ship: _____

Bill To:

Client Name / Agency
Address Line 1
Contact Details

Tour Details:

Port of Call: _____
Tour Date: _____
Pax Count: _____

Description of Services	Hours/Qty	Rate	Total
Professional Guide Services - Shore Excursion			
Transportation / Driver Fees			
Entrance Fees / Tickets			

Description of Services	Hours/Qty	Rate	Total
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Other: _____

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Payment Instructions:

Bank Transfer / PayPal / Cash

Account Name: _____ | SWIFT/BIC: _____

Thank you for your business and enjoy your cruise!