

INVOICE

Shore Excursion Transportation

Invoice #: _____

Date: _____

Service Provider:

[Company Name]

[Address Line 1]

[City, Port, ZIP]

[Phone / Email]

Client / Agent:

[Customer Name]

[Cruise Line & Ship Name]

[Cabin/Booking Number]

[Email Address]

Port of Call: _____

Date of Service: _____

Vehicle Type: _____

Driver Name: _____

Pickup Time: _____

Drop-off Time: _____

Description of Services	Qty/Hrs	Rate	Amount
Private Tour Transportation - [Duration]			
Parking & Port Fees			
Additional Stops / Wait Time			

Subtotal: \$0.00

Tax/VAT: \$0.00

Total Due: \$0.00

Payment Terms: Due upon receipt or prior to disembarkation.

Notes: Gratuity is not included in the total above. Thank you for choosing our shore services.