

# ARCTIC ADVENTURE

# BOOKING INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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**BILL TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**EXPEDITION DETAILS:**

Vessel: \_\_\_\_\_

Cabin Cat: \_\_\_\_\_

Departure: \_\_\_\_\_

Description	Quantity/Pax	Unit Price	Amount
Cruise Fare: _____	_____	\$ _____	\$ _____
Expedition Equipment Rental	_____	\$ _____	\$ _____
Port Fees & Landing Permits	_____	\$ _____	\$ _____

Description	Quantity/Pax	Unit Price	Amount
Pre-Cruise Hotel Package	_____	\$ _____	\$ _____

Subtotal: \$ \_\_\_\_\_  
Tax/VAT: \$ \_\_\_\_\_  
TOTAL DUE: \$ \_\_\_\_\_

**Payment Terms:** 25% Deposit due upon booking. Final balance due 90 days prior to departure.

**Cancellation Policy:** All expedition bookings are subject to the terms and conditions outlined in the Arctic Adventure Cruise Agreement.