

[EXPEDITION CRUISE LINE NAME]

[Vessel Name]

[Business Address]

INVOICE

PASSENGER INFORMATION [Primary Passenger Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

INVOICE DETAILS Invoice #: [000000]

Date: [Date]

Booking Ref: [Reference Number]

Departure Date: [Date]

ITINERARY [Expedition Name / Route]

[Duration Nights/Days]

CABIN SELECTION Deck: [Deck Name/Number]

Cabin: [Cabin Number/Category]

Description	Quantity	Unit Price	Total
Cabin Fare (Per Person/Double Occupancy)	[Qty]	[\$[0.00]]	[\$[0.00]]
Port Fees & Expedition Taxes	[Qty]	[\$[0.00]]	[\$[0.00]]
Pre-Cruise Hotel / Transfer Package	[Qty]	[\$[0.00]]	[\$[0.00]]
Expedition Gear Rental / Excursion Supplement	[Qty]	[\$[0.00]]	[\$[0.00]]
Subtotal: \$[0.00]			

Discount/Credit: -\${0.00}
Balance Due: \${0.00}

TERMS & CONDITIONS

Full payment is due [Number] days prior to embarkation. Cancellations are subject to the terms outlined in the Expedition Cruise Contract. Travel insurance is highly recommended for remote itineraries.

Thank you for choosing [Expedition Cruise Line Name].