

FINAL PAYMENT INVOICE

[Expedition Company Name]

[Address Line 1]

[Contact Email / Phone]

Invoice #: _____

Date: _____

Passenger Details:

Name: _____

ID/Passport: _____

Address: _____

Voyage Details:

Vessel: _____

Expedition: _____

Departure Date: _____

DESCRIPTION	CABIN / TIER	AMOUNT (USD)
Voyage Fare (Final Balance)	_____	\$ _____
Pre-Paid Shore Excursions	-	\$ _____
Port Fees & Taxes	-	\$ _____
Mandatory Evacuation Insurance	-	\$ _____

Subtotal: \$ _____

Less Deposit Paid: (\$ _____)

Total Due: \$ _____

Payment Instructions:

Final payment is due no later than 90 days prior to departure.

Bank Wire Transfer: [Bank Name] | SWIFT: [Code] | Account: [Number]

Credit Card payments may be subject to a [X]% processing fee.

Terms and Conditions apply. Please ensure all medical forms and liability waivers are submitted prior to final payment processing. No refunds are issued for cancellations within 60 days of embarkation.