

# INVOICE

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

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

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

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

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## BILL TO:

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

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

Phone: \_\_\_\_\_

## CRUISE DETAILS:

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

Cabin #: \_\_\_\_\_

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

Port of Call	Excursion Name / Description	Date	Pax	Price	Total
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

Subtotal: \$ \_\_\_\_\_

Taxes/Fees: \$ \_\_\_\_\_

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**TOTAL DUE: \$ \_\_\_\_\_**

## Notes / Terms:

\_\_\_\_\_

\_\_\_\_\_

Payment Status:  Paid  Pending  Deposit Paid  
Thank you for booking your shore excursions with us!