

EXPEDITION INVOICE

[Vessel Name]

Invoice #: _____

Date: _____

PASSENGER DETAILS

[Primary Guest Name]

[Address Line 1]

[Address Line 2]

[Contact Number]

EXPEDITION DETAILS

Itinerary: [Route Name]

Departure Date: [Date]

Cabin Category: [Type]

Booking Ref: [Reference]

Description	Qty/Guests	Unit Price	Total
Cruise Fare - [Cabin Number]			
Port Fees & Landing Charges			
Expedition Gear Package			
Pre/Post Cruise Transfer			
Subtotal \$ _____			
Taxes \$ _____			
Deposit Paid (\$ _____)			
Balance Due \$ _____			

PAYMENT TERMS & NOTICES

Full balance due 90 days prior to embarkation. All expedition routes are subject to weather and ice conditions. Please ensure valid passport and required visas are obtained prior to travel. Travel insurance with emergency medical evacuation coverage is mandatory for this expedition.

[Company Name] | [Website] | [Email]