

EXPEDITION MARITIME LTD.

POLAR & REMOTE REGION SPECIALISTS

INVOICE

Invoice #: _____

Date: _____

PASSENGER INFORMATION

Lead Passenger: _____

Address: _____

Phone: _____

EXPEDITION DETAILS

Vessel: _____

Expedition Name: _____

Booking Ref: _____

Departure Date: _____

ROUTE SUMMARY

Embarkation Port: _____

Disembarkation Port: _____

Description	Cabin Category	Occupancy	Amount (USD)
Expedition Cruise Fare	_____	_____	\$ _____
Mandatory Charter Flight / Transfer	-	_____	\$ _____
Pre/Post-Expedition Hotel Package	-	_____	\$ _____

Description	Cabin Category	Occupancy	Amount (USD)
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Specialist Gear Rental (Parka/Boots)	-	-	\$ _____
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Port Fees & Landing Permits	-	-	\$ _____
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Subtotal: \$ _____

Deposit Paid: (\$ _____)

Balance Due: \$ _____

Due Date: _____

Terms: All expedition voyages are subject to weather and ice conditions. Travel insurance with emergency medical evacuation coverage is mandatory for this voyage. Payments are non-refundable after the final balance due date. Please reference your booking number on all wire transfers.