INVOICE

Heli-Alpine Expeditions
123 Peak Summit Way
Whistler, BC V0N 1B4

BILL TO:

[Client Name]
[Client Address]
[Client Email]

INVOICE DETAILS:

Invoice #: [0000]
Date: [DD/MM/YYYY]
Expedition Date: [DD/MM/YYYY]

Description	Qty/Seats	Rate	Amount
Heli-Skiing Full Day Package (Vertical Guarantee)	[0]	$[0.00]	$[0.00]
Private Guide & Safety Equipment Rental	[0]	$[0.00]	$[0.00]
Gourmet Mountain Lunch & Media Package	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax (GST/HST): $[0.00]
Total Due: $[0.00]

TERMS & CONDITIONS

Full payment required prior to departure. Weather-related cancellations are subject to the Refund Policy outlined in the service agreement. Please ensure all liability waivers are signed 48 hours before flight time.