

[BUSINESS NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

No: #0000
Date: [Date]
Due Date: [Date]

CLIENT

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

EVENT DETAILS

[Event Date]
[Venue Name]
[Location]

SERVICE DESCRIPTION	RATE	QTY	TOTAL
[Service Name - e.g., Full Service Coordination]	\$0.00	1	\$0.00
[Service Name - e.g., Rehearsal Dinner Management]	\$0.00	1	\$0.00
[Service Name - e.g., Additional Consultation Hours]	\$0.00	0	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
Total: \$0.00			

PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Checks payable to [Business Name] or electronic transfer via [Payment Method Info].

Thank you for choosing [Business Name] for your special day.