

INVOICE

[Company Name]
[Address Line 1]
[Phone Number]
[Email Address]

Invoice #: [000]
Date: [Date]
Wedding Date: [Date]

Client:

[Client Names]
[Mailing Address]
[City, State, Zip]

Venue:

[Venue Name]
[Location Details]

Description of Services	Hours/Qty	Rate	Amount
Day-of Coordination Package Pre-wedding consultation, timeline creation, and 10-hour on-site management.	1	\$0.00	\$0.00
Rehearsal Direction Coordination of ceremony walk-through (1-2 hours).	1	\$0.00	\$0.00
Additional Assistant Second coordinator for setup and logistics.	[Qty]	\$0.00	\$0.00

Description of Services	Hours/Qty	Rate	Amount
Travel/Lodging Fees	-	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Deposit Paid: (\$0.00)
Balance Due: \$0.00

Payment Instructions:

Please make checks payable to [Company Name] or pay via [Preferred Method].
Balance is due [Number] days prior to the event date.

Thank you for letting us be part of your special day!