

[COORDINATION FIRM NAME]

INVOICE

BILLED TO

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

INVOICE DETAILS

No: [0000]
Date: [Month DD, YYYY]
Event Date: [Month DD, YYYY]

SERVICE DESCRIPTION

QTY/HRS RATE AMOUNT

Full Service Event Design & Production Conceptualization, vendor curation, and logistics management.	1	\$0.00	\$0.00
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On-Site Coordination Day-of management and ceremony supervision.	1	\$0.00	\$0.00
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Rehearsal Direction Pre-event walkthrough and timeline briefing.	1	\$0.00	\$0.00
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Subtotal \$0.00
Tax \$0.00
Total Due \$0.00

Thank you for allowing us to be part of your celebration.