

INVOICE

#INV-000

Business Name
123 Wedding Lane
City, State, Zip
email@example.com

BILL TO

Client Name

Couple Names

Street Address

City, State, Zip

DETAILS

Date Issued: Month DD, YYYY

Wedding Date: Month DD, YYYY

Payment Due: Upon Receipt

Description of Services	Rate/Hr	Hours	Total
Initial Consultation & Timeline Planning	\$0.00	0.0	\$0.00
Vendor Communication & Contract Review	\$0.00	0.0	\$0.00
Rehearsal Direction	\$0.00	0.0	\$0.00
Day-of Coordination & On-site Management	\$0.00	0.0	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Balance Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please include invoice number with your payment. Checks payable to [Business Name]. Bank transfers accepted via [Method].
Thank you for letting us be part of your special day.