

[BUSINESS NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Client:

[Client Names]
[Address]
[Email]

Event Details:

Wedding Date: [Date]
Venue: [Venue Name]

Description	Quantity	Rate	Total
Month-of Coordination Package Final venue walkthrough, vendor confirmation, rehearsal management, and 10-hour wedding day coverage.	1	\$0.00	\$0.00
Assistant Coordinator Additional support for guest management and setup.	1	\$0.00	\$0.00

Description	Quantity	Rate	Total
Travel/Admin Fees	-	\$0.00	\$0.00

Subtotal: \$0.00
Retainer Paid: -\$0.00
Balance Due: \$0.00

Notes & Payment Instructions:

Please make checks payable to [Business Name] or pay via [Preferred Digital Method]. Payment is due 30 days prior to the wedding date. Thank you for choosing us to be part of your special day!