

# INVOICE

Date: [Date]  
Invoice #: [00001]

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

**Client:**  
[Client Name]  
[Event Date]  
[Venue Name]

**Wedding Reference:**  
[Bride & Groom Names]  
[Contact Information]

Service Description	Qty/Hrs	Rate	Amount
Full Wedding Coordination & Planning	1	\$0.00	\$0.00
Vendor Liaison & Management	1	\$0.00	\$0.00
Day-of Onsite Supervision	1	\$0.00	\$0.00
Equipment & Decor Rental	-	-	\$0.00

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

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**Payment Terms:** Please make checks payable to [Company Name]. Payments via bank transfer to [Account Details]. Balance due 14 days prior to event date.

*Thank you for letting us be part of your special day.*