

# [COMPANY NAME]

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

## INVOICE

Date: [Date]  
Invoice #: [0000]

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### BILL TO

**[Client Names]**  
[Client Address]  
[Client Phone]

### EVENT DETAILS

**Wedding Date:** [Date]  
**Venue:** [Venue Name]  
**Package:** [Service Level]

Description of Services	Qty/Hrs	Rate	Amount
Design Concept & Mood Board Creation	1	\$0.00	\$0.00
Vendor Sourcing & Coordination	1	\$0.00	\$0.00
On-Site Rehearsal & Wedding Day Coordination	1	\$0.00	\$0.00
Travel & Administrative Expenses	1	\$0.00	\$0.00

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Subtotal: \$0.00

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

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**Notes:** Please make checks payable to [Company Name]. Payment is due within 15 days of invoice date.

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