

[Business Name]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

NO: [000]
DATE: [DATE]

Client:

[Couple Name]
[Address]
[Phone Number]

Event Details:

Date: [Wedding Date]
Venue: [Venue Name]
Service: [Full/Partial/Day-of]

SERVICE DESCRIPTION	QUANTITY	RATE	TOTAL
Coordination Package: [Name]	1	\$0.00	\$0.00
Vendor Management / Site Visit	[Qty]	\$0.00	\$0.00
Rehearsal Direction	1	\$0.00	\$0.00

SERVICE DESCRIPTION	QUANTITY	RATE	TOTAL
Additional Assistant Hours	[Qty]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Business Name] or pay via [Electronic Method].
Payment is due by [Due Date]. Thank you for letting us be part of your special day.