

INTERIM INVOICE

Event Planning Services

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

BILL TO:

[Client Name]
[Client Address]
[Event Name]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Description of Service / Milestone	Qty/Hrs	Rate	Amount
[Deposit / Planning Phase 1]	[0]	\$0.00	\$0.00
[Venue Procurement / Vendor Bookings]	[0]	\$0.00	\$0.00
[Administrative / Design Fees]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Less Previous Payments: (\$0.00)
Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Company Name] or pay via [Payment Link/Bank Details].

Thank you for your business. We look forward to a successful event.