

INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

WORKSHOP DETAILS

Event: [Workshop Title]
Date: [Event Date]
Venue: [Room/Hall Name]

Description	Quantity/Rate	Amount
Venue Rental Deposit (Security & Booking)	1	\$0.00
Equipment & Catering Pre-payment	[100%]	\$0.00
Subtotal: \$0.00		
Tax (0%): \$0.00		
<hr/> Total Deposit: \$0.00		

PAYMENT TERMS

Deposit is non-refundable. Please make checks payable to **[Venue Name]** or pay via bank transfer to: **[IBAN/Account Details]**. Final balance is due 14 days prior to the event.