

# INVOICE

No. \_\_\_\_\_  
Date: \_\_\_\_\_

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## RENTAL PROVIDER

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

## CLIENT & EVENT

[Client Names]  
[Wedding Date]  
[Venue Location]  
[Contact Number]

**ITEM DESCRIPTION**

**QTY**

**RATE**

**AMOUNT**

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**ITEM DESCRIPTION**

**QTY**

**RATE**

**AMOUNT**

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Subtotal \$0.00  
Delivery/Setup \$0.00  
Tax \$0.00  
Total \$0.00

**NOTES & TERMS**

A non-refundable deposit is required to secure the date. Full payment is due 14 days prior to the event. Items must be returned in original condition to avoid damage fees.

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