

INVOICE

[Company Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

Invoice #: _____

Date: _____

Event Date: _____

Client Details:

[Client Name]

[Phone Number]

[Email Address]

Venue Information:

[Venue Name]

[Hall/Room Number]

[Setup Start Time]

Stage Decor Item Description	Qty	Rate	Amount
Main Backdrop (Fabric/Panels/Floral)			
Stage Flooring / Carpeting			
Furniture (Couple Chairs/Sofa)			
Floral Arrangements & Centerpieces			

Stage Decor Item Description	Qty	Rate	Amount
Lighting (Spotlights/Ambient/LED)			
Prop Rentals & Accessories			
Labor, Setup & Dismantling	1		

Subtotal: _____

Tax ([X] %): _____

Grand Total: _____

Deposit Paid: _____

Balance Due: _____

Terms & Conditions:

1. A non-refundable deposit is required to confirm the date.
2. Full payment is due [X] days prior to the event date.
3. Any damage to rental equipment will be billed to the client.