

# INVOICE

**Community Center Name**

123 Community Lane  
City, State, Zip  
Phone: (555) 000-0000

**Invoice #:**

**Date:**

**Due Date:**

**BILL TO:**

Name:

Organization:

Address:

**EVENT DETAILS:**

Event Date:

Room/Facility:

Hours:

Description	Quantity/Hours	Rate	Amount
Facility Rental Fee			
Security Deposit (Refundable)			
Equipment Rental (AV/Chairs)			

Description	Quantity/Hours	Rate	Amount
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Cleaning Fee			
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Subtotal:

Tax:

**Total Due:**

**Payment Instructions:** Please make checks payable to "Community Center Name". Electronic payments can be made via our website portal using the Invoice #.

**Notes:** Deposits are refunded within 14 business days post-event pending facility inspection.