

HOTEL NAME

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

INVOICE

Invoice #: _____

Date: _____

Billed To:

Client Name / Organization
Address line 1
City, State, Zip

Event Details:

Ballroom: _____

Event Date: _____

Guest Count: _____

Description	Rate/Unit	Qty/Hours	Total
Ballroom Rental Fee	\$		\$
Catering & Banqueting Services	\$		\$
Audio/Visual Equipment Rental	\$		\$
Service Charge / Gratuity	\$		\$

Description	Rate/Unit	Qty/Hours	Total
Miscellaneous Fees	\$		\$

Subtotal: \$ _____

Tax (___%): \$ _____

Deposit Paid: (\$ _____)

Balance Due: \$ _____

Payment Terms: Due within 30 days of event date.

Please make all checks payable to **Hotel Name**.