

# INVOICE

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

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

---

## CLIENT INFORMATION

**Name:** \_\_\_\_\_  
**Event Type:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

---

## EVENT DETAILS

**Event Date:** \_\_\_\_\_  
**Guest Count:** \_\_\_\_\_  
**Time Slot:** \_\_\_\_\_

Description	Quantity/Hours	Rate	Total
Venue Space Rental			
Food & Beverage Service			
Equipment & AV Rental			

Description	Quantity/Hours	Rate	Total
-------------	----------------	------	-------

Service Charge / Cleaning Fee

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

Deposit Paid: (\$ \_\_\_\_\_)

**Balance Due: \$ \_\_\_\_\_**

**NOTES & TERMS**

Please make checks payable to **[Venue Name]**.

Cancellations made within [X] days of the event are subject to a forfeiture of the deposit. Full payment is required prior to the commencement of the event.