

[VENUE NAME]

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

INVOICE

Invoice #: _____

Date: _____

CLIENT:

[Client Name]
[Company]
[Contact Info]

EVENT DETAILS:

Event Date: _____

Guest Count: _____

Duration: _____

Description	Rate/Unit	Qty/Hrs	Total
Rooftop Space Rental Fee			
Security/Staffing Fee			

Description	Rate/Unit	Qty/Hrs	Total
Cleaning & Maintenance Fee			
Equipment/AV Rental			
Other: _____			
			Subtotal: \$ _____
			Tax (__ %): \$ _____
			Deposit Paid: (\$ _____)
			Balance Due: \$ _____

Payment Terms: Net [30] days. Please make checks payable to [Venue Name].

Note: Outdoor events are subject to the weather policy outlined in the signed rental agreement.