

ARENA NAME

123 Stadium Way
City, State, Zip
Contact: (555) 000-0000

INVOICE

Invoice #: _____

Date: _____

Billed To:

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

Event Details:

Event Name: _____

Event Date: _____

PO #: _____

Description of Service / Rental	Quantity/Hours	Unit Price	Total
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Main Bowl Rental Fee			
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AV & Lighting Production			
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Description of Service / Rental	Quantity/Hours	Unit Price	Total
Security & Ushering Staff			
Locker Room / Backstage Access			
Cleanup & Maintenance Fee			
Subtotal: \$ 0.00			
Tax: \$ 0.00			
Balance Due: \$ 0.00			
Payment Terms: Due within 30 days of event date. Please make checks payable to Arena Name.			
Thank you for choosing our venue for your sporting event.			