INVOICE

Company Name: _____

Address: _____

Email: _____

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:
Client Name: _____
Address: _____
Phone: _____
EVENT DETAILS:
Event Name: _____
Venue: _____
Dates: _____

Description (Model/Pitch/Dimensions)	Qty/sqm	Days	Unit Price	Total
LED Panel Rental (Indoor/Outdoor)				
Video Processor / Controller				
Trussing & Rigging Equipment				
Technical Crew / Labor				
Transportation / Logistics				

Subtotal: _____

Tax (%): _____

Grand Total: _____

Payment Terms:

Bank Name: _____ | Account Name: _____ | Account #: _____

Notes: Please include invoice number in the payment reference.