[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / BILL TO:

[Client Name]
[Company Name]
[Address]
[Email/Phone]

EVENT INFORMATION:

Venue: [Venue Name]
Rental Start: [Date]
Rental End: [Date]

EQUIPMENT DESCRIPTION	QTY	DAYS	DAILY RATE	TOTAL
[e.g. 4K Laser Projector - 10k Lumens]	_	_	$0.00	$0.00
[e.g. Wireless Microphone Kit - Shure QLXD]	_	_	$0.00	$0.00

EQUIPMENT DESCRIPTION	QTY	DAYS	DAILY RATE	TOTAL
[e.g. LED Video Wall Panel - 2.5mm]	_	_	$0.00	$0.00
Labor: Setup / Strike / Operation	_	_	$0.00	$0.00

Subtotal: $0.00
Sales Tax (_%): $0.00
Delivery/Insurance: $0.00
Total Due: $0.00

Payment Instructions:
Please make checks payable to [Company Name]. For Wire/ACH transfers: [Bank Info].
Late fees apply to overdue balances as per the Master Rental Agreement.

Thank you for choosing [Company Name] for your AV requirements.