# INVOICE

**[Service Provider Name]**
[Street Address]
[City, State, Zip]
[Email/Phone]

**Invoice #:** [0000]
**Date:** [Date]
**Due Date:** [Date]

CLIENT / EXHIBITOR

**[Company Name]**
[Contact Name]
[Billing Address]
[City, State, Zip]

SHOW INFORMATION

**[Trade Show Name]**
Venue: [Convention Center/Hall]
Booth #: [0000]
Setup Date: [Date/Time]

| Description of Services | Quantity/Hours | Rate | Amount |
|---|---|---|---|
| Booth Assembly & Installation | | | |
| Flooring/Carpet Installation | | | |

| Description of Services | Quantity/Hours | Rate | Amount |
| --- | --- | --- | --- |
| AV & Lighting Rigging | | | |
| Dismantle & Packing (Post-Show) | | | |
| Equipment Rental: [Item Name] | | | |

Subtotal: $0.00
Tax: $0.00

**Total Due: $0.00**

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Provider Name]. For bank transfers, use [Routing/Account].
Late payments may be subject to a [0%] monthly fee.