INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Client Name]
[Company Name]
[Address]
[Phone]

EVENT DETAILS:

Show Name: _____
Booth #: _____
Move-in Date: _____
Move-out Date: _____

Item Description	Qty	Rental Period	Unit Price	Total
[Furniture Item/Model]			$	$
[Furniture Item/Model]			$	$
[Furniture Item/Model]			$	$
Delivery, Setup & Strike	1	-	$	$

Subtotal: $_____
Sales Tax: $_____

TOTAL DUE: $_____

Terms & Conditions:

Payment is due upon receipt. All rentals are subject to availability. Damaged or missing items will be charged at full replacement value. Please review our full rental agreement for cancellation policies.