INVOICE

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

Invoice #:
Date:
Due Date:

CLIENT / BILL TO:

[Client Company Name]
[Contact Name]
[Address]
[Email]

SHOW INFORMATION:

Show Name:
Venue:
Booth #:
On-Site Contact:

DESCRIPTION OF INSTALLATION SERVICES	QUANTITY / HOURS	RATE	TOTAL
Graphic Installation (Standard/Labor)			
Overtime / After-Hours Labor			
Materials & Supplies (Adhesives, Tape, Lift Rental)			

DESCRIPTION OF INSTALLATION SERVICES	QUANTITY / HOURS	RATE	TOTAL
Removal / Strike / De-installation			
Travel & Logistics Fees			

Subtotal: $0.00
Tax: $0.00
TOTAL DUE: $0.00

Notes / Payment Instructions:

[Insert Payment Terms, Wire Info, or Check Mailing Address]

Thank you for your business!