INVOICE

[Lighting Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Client Name]
[Exhibitor/Booth #]
[Event/Trade Show Name]
VENUE INFO:
[Convention Center]
[Hall/Aisle Number]
[On-Site Contact]

Description (Fixture Type / Service)	Qty	Daily Rate	Days	Total
Arm Lights / Spotlights				
LED Wash / Uplighting				
Trussing & Rigging Equipment				
Installation & Strike Labor		-	-	
Power Distribution / Cabling				
		Subtotal:		$ _____
		Tax:		$ _____
		Grand Total:		**$ _____**

Terms: All equipment is rental only. Damages to fixtures will be billed at full replacement cost. Deposits are non-refundable within 14 days of show opening.