

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

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

EVENT DETAILS:

Show Name: [Trade Show Name]
Location: [Convention Center/Hall]
Pavilion #: [Booth/Space Number]

Description	Rate/SqFt	Quantity	Total
Pavilion Floor Space Rental (Dates: [Start] - [End])	[\$[0.00]]	[0]	[\$[0.00]]
Modular Booth Structure / Shell Scheme	[\$[0.00]]	[0]	[\$[0.00]]
Electrical & Wi-Fi Setup Fees	[\$[0.00]]	[1]	[\$[0.00]]
Cleaning & Maintenance Services	[\$[0.00]]	[1]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]

Grand Total: \$[0.00]

Payment Instructions:

Please make checks payable to [Company Name]. For Bank Transfers: [Account Info].

Terms: A 50% deposit is required to secure the pavilion space. Full payment is due 30 days prior to the event move-in date.