

# INVOICE

[Company Name]

[Street Address]  
[City, State, Zip]

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## BILL TO:

[Customer Name]  
[Address]  
[Phone Number]

## EVENT DETAILS:

Date: \_\_\_\_\_  
Setup Time: \_\_\_\_\_  
Surface: (Grass / Concrete)

Description of Inflatable / Rental Item	Qty	Unit Price	Total
[Bounce House / Slide Name]		\$	\$
[Generator / Accessories]		\$	\$
Delivery & Setup Fee	1	\$	\$

Subtotal: \$ \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_

**Total Amount: \$** \_\_\_\_\_

Deposit Paid: \$ \_\_\_\_\_

**Balance Due: \$** \_\_\_\_\_

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**Terms & Conditions:**

Please ensure the setup area is clear of debris and pet waste. A 24-hour cancellation notice is required. Deposits are non-refundable in the event of inclement weather but may be applied to a future date.