

INVOICE

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

Invoice #: _____

Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[Customer Phone]

EVENT DETAILS:

Event Date: _____

Setup Time: _____

Surface: (Grass / Concrete / Indoor)

Description (Unit Name/Type)	Qty	Rate	Amount
Combo Bounce House (Slide/Hoop/Jump)			
Safety Mats & Blower Rental			
Delivery & Professional Setup Fee			
Generator / Extension Cords (if applicable)			

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Deposit Paid: (\$ _____)

Balance Remaining: \$ _____

Terms & Conditions:

1. A flat, level surface is required for setup. 2. Constant adult supervision is mandatory during use. 3. No food, shoes, or sharp objects inside the unit. 4. Cancellation due to severe weather is subject to company policy.