

# INVOICE

Company Name \_\_\_\_\_

Phone / Email \_\_\_\_\_

INVOICE #  
DATE

BILL TO  
Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

EVENT DETAILS

Event Date \_\_\_\_\_

Setup Time \_\_\_\_\_

Venue Location \_\_\_\_\_

Description (Unit Name/Type)	Qty	Daily Rate	Total
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Subtotal \$ \_\_\_\_\_

Delivery/Setup Fee \$ \_\_\_\_\_

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

Amount Due \$ \_\_\_\_\_

Deposit Paid (\$ \_\_\_\_\_)

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**NOTES / SAFETY REQUIREMENTS**

1. Dedicated power outlet required within 50ft.
2. Adult supervision required at all times.

Thank you for your business!