INVOICE

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

Invoice #: _____
Date: _____
Event Date: _____

Client:
[Client Name]
[Phone / Email]
[Venue Name/Address]

Item Description (Size/Color)	Qty	Unit Price	Total
[e.g. Tablecloths - Rectangular White]			
[e.g. Napkins - Satin Gold]			
[e.g. Chair Covers - Spandex]			
[e.g. Table Runners - Lace]			
Cleaning / Processing Fee	1		

Subtotal: $_____
Tax: $_____
Security Deposit: $_____

Total: $_____

Terms & Conditions:

1. All rentals must be returned by [Date/Time] to avoid late fees.
2. Lost or heavily damaged linens will be charged at full replacement value.
3. Please do not launder linens before returning.