[AV COMPANY NAME]
[Street Address]
[City, State, Zip]
[Phone / Email]

PROFORMA INVOICE

BILL TO:
[Client Name / Venue]
[Street Address]
[Contact Name]
DETAILS:
Invoice #: [0000]
Date: [DD/MM/YYYY]
Event Date: [DD/MM/YYYY]
Event Name: [Name]

Description (Audio/Visual/Lighting)	Qty	Daily Rate	Days	Total
[Equipment Item / Service Name]	0	$0.00	0	$0.00
[Equipment Item / Service Name]	0	$0.00	0	$0.00
Labor: [Setup/Strike/Operator]	0	$0.00	-	$0.00

Subtotal: $0.00
Sales Tax: $0.00
Shipping/Delivery: $0.00

Grand Total: $0.00

Terms & Conditions:

1. This is a proforma invoice, not a tax invoice.
2. Equipment availability is guaranteed only upon receipt of deposit.
3. Payment details: [Bank Name / Account Number / SWIFT]