

TAX INVOICE

[Conference Management Company Name]
[Street Address]
[City, State, Zip Code]
[Tax Registration Number]

Invoice #: [00000]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

BILL TO

[Client Name/Organization]
[Client Address]
[Client Tax ID]

EVENT DETAILS

Event: [Conference Name]
Venue: [Venue Name]
Date: [Event Date Range]

Description	Qty/Hours	Unit Price	Tax %	Total
Venue Management & Logistics	-	0.00	0%	0.00
Audio Visual & Technical Support	-	0.00	0%	0.00
Delegate Registration Services	-	0.00	0%	0.00
Marketing & Branding Material	-	0.00	0%	0.00

Subtotal: 0.00
Tax Amount: 0.00

Total Payable: [Currency] 0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account Name: [Name] | Account #: [00000000] | SWIFT/IBAN: [Code]

Please use the Invoice Number as a reference for your payment.