

[Your Name/Business Name]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email Address]

Tax ID / ABN: [Number]

TAX INVOICE

BILL TO

[Client Name]

[Client Company]

[Client Address]

INVOICE DETAILS

Invoice #: [0001]

Date: [Date]

Event Name: [Event Title]

Event Date: [Date]

Description of Services	Hours/Qty	Rate	Amount
[Service Name - e.g., Venue Coordination]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Name - e.g., Vendor Management]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Reimbursable Expenses]	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal \$[0.00]

Tax ([0]%) \$[0.00]

Total Due \$[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Bank Name]

Account Name: [Account Name]

Account Number: [Number]
BSB / Swift: [Code]

Please include Invoice #[0001] as a reference. Payment is due within [Number] days.