

# ESTIMATE / INVOICE

**[Your Business Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

**Date:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

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## CLIENT INFORMATION

**[Client Name]**

[Client Address]

[Phone/Email]

## EVENT DETAILS

**Event Type:** [e.g. Birthday, Gala]

**Date:** [Event Date]

**Guest Count:** [000]

Description	Quantity	Unit Price	Total
Venue Rental / Coordination Fee			
Catering & Beverage Services			
Decor, Floral & Lighting			
Entertainment (Music/AV)			
Rentals (Tables, Chairs, Linens)			
Miscellaneous / Staffing			

Subtotal: \$0.00  
Tax: \$0.00  
Grand Total: \$0.00

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TERMS & NOTES

This is a formal estimate for the services described above. A deposit of [00%] is required to secure the date. Balance is due [00] days prior to the event. Please make checks payable to **[Your Business Name]**.