

EVENT ESTIMATE

[Business Name]
[Address Line 1]
[City, State, Zip]

Estimate #: [0000]
Date: [Date]
Valid Until: [Date]

CLIENT / BILLING

[Client Name]
[Company Name]
[Phone / Email]

EVENT DETAILS

Event Name: [Event Title]
Date: [Event Date]
Location: [Venue Name]

Description of Service/Item	Qty/Hrs	Rate	Total
Event Coordination & Planning Fee	-	-	\$0.00
Venue Rental / Setup	-	-	\$0.00
Catering & Staffing	-	-	\$0.00
AV, Lighting & Entertainment	-	-	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Estimated Total: \$0.00

NOTES & TERMS

This is an estimate only, not a final invoice. Prices are subject to change based on final guest counts and vendor availability. A [00]% deposit is required to secure the event date.