

# PROFORMA INVOICE

#PRO- \_\_\_\_\_

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

**[Company Name]**  
[Street Address]  
[City, State, Zip]  
[Tax ID / VAT Number]

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## BILL TO:

**[Client Name / Corporation]**

[Client Address]

[Contact Person]

[Email/Phone]

## EVENT DETAILS:

**Event Name:** [Event Name]

**Date:** [Event Date]

**Venue:** [Venue Name/Location]

Description of Services	Qty/Hrs	Unit Price	Total
Venue Management & Coordination			
Audio Visual & Technical Support			
Catering & Hospitality Services			

Description of Services	Qty/Hrs	Unit Price	Total
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Marketing & Collateral Design

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Subtotal: \$0.00

Tax (\_\_\_%): \$0.00

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**Total Due: \$0.00**

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**Payment Terms:** [e.g., 50% Deposit Required to Confirm Booking]

**Bank Details:** [Bank Name] | **Account:** [Number] | **Swift/BIC:** [Code]

*This is a proforma invoice issued prior to the delivery of services. A tax invoice will be issued upon final payment.*