

PROFORMA INVOICE

[Conference Planning Agency Name]
[Business Address Line 1]
[City, State, Zip Code]
[Tax ID / VAT Number]

Invoice #: [Draft Number]
Date: [Date of Issue]
Expiry: [Validity Date]

CLIENT INFORMATION

[Client Name/Organization]

[Contact Person]
[Billing Address]
[Phone Number / Email]

EVENT DETAILS

[Conference Title]

Date: [Event Start Date] to [Event End Date]

Venue: [Venue Name / Location]

Est. Attendees: [Number]

Description of Services & Deliverables	Unit	Unit Price	Total
Management & Administration Project management, vendor sourcing, and onsite coordination	[Qty]	0.00	0.00
Venue & Catering (Estimated) Room hire, F&B packages, and AV equipment rental	[Qty]	0.00	0.00
Marketing & Registration Website hosting, badge printing, and promotional materials	[Qty]	0.00	0.00
Speaker & Delegate Logistics Travel management, accommodation, and honorariums	[Qty]	0.00	0.00

Subtotal: \$0.00

Tax/VAT ([%]): \$0.00

Total Estimated Amount: \$0.00

TERMS & PAYMENT INSTRUCTIONS

1. This is a proforma invoice based on current planning estimates and is not a demand for final payment.
2. A non-refundable deposit of [Percentage]% is required to initiate bookings.
3. Bank Account: [Bank Name] | SWIFT: [Code] | Account: [Number]
4. Please reference the Proforma Invoice Number in all communications.