

[EVENT PLANNING COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

PROFORMA INVOICE

Date: [Date]
Invoice #: [0000]
Event Date: [Date]

CLIENT / BILLING TO

[Client Name / Organization]
[Contact Person]
[Street Address]
[City, State, Zip]

EVENT DETAILS

Event Name: [Event Title]
Venue: [Venue Name]
Guest Count: [000]

Description of Services / Rentals	Qty	Unit Price	Total
Event Management & Coordination Fee	1	0.00	0.00
Venue Rental Deposit	1	0.00	0.00
Catering Services (Per Head)	[0]	0.00	0.00

Description of Services / Rentals	Qty	Unit Price	Total
Audio/Visual Equipment & Tech Support	1	0.00	0.00
Decor & Floral Arrangements	1	0.00	0.00
Subtotal: 0.00			
Tax ([0]%) : 0.00			
Total Amount: \$0.00			

PAYMENT TERMS & NOTES

1. This is a proforma invoice based on current event specifications.
2. A [0]% deposit is required to secure the event date.
3. Final balance is due [0] days prior to the event.
4. Please make checks payable to [Company Name].