

PROFORMA INVOICE

[Your Business Name]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

Date: [Date]
Invoice #: [Number]
Event Date: [Event Date]

BILL TO

[Client Name]
[Company Name]
[Client Address]
[Client Email]

EVENT DETAILS

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

Description of Services	Qty/Hrs	Rate	Amount
[Service or Item Name]	0	\$0.00	\$0.00
[Service or Item Name]	0	\$0.00	\$0.00

Description of Services	Qty/Hrs	Rate	Amount
[Service or Item Name]	0	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Amount Due: \$0.00

PAYMENT TERMS & NOTES

This is a proforma invoice provided prior to the delivery of services. Payment of a [00]% deposit is required to secure the booking. Please make checks payable to [Business Name] or use the following bank details: [Bank Name / Account Number].