

# PROFORMA INVOICE

[Planner Name/Company]  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Event Date: \_\_\_\_\_

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### Client Information:

[Client Name]  
[Client Address]  
[Phone Number]

**Event Details:**  
[Event Type / Name]  
[Venue Name]  
[Estimated Guest Count]

Description of Services / Items	Qty/Hrs	Rate	Amount
Event Planning & Coordination Fees			
Venue Rental / Deposit			
Catering & Beverage Estimate			
Decor, Floral & Lighting			
Entertainment & AV Equipment			

Description of Services / Items	Qty/Hrs	Rate	Amount
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Miscellaneous / Contingency

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Subtotal: \$ 0.00

Tax / Service Charge: \$ 0.00

Total Estimated: \$ 0.00

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**Notes:** This is a proforma invoice based on current event requirements. Final pricing may vary based on actual consumption and vendor adjustments. A deposit of [Percentage]% is required to secure the date.

**Payment Terms:** [Bank Name] | **Account:** [Number] | **SWIFT:** [Code]