

PROFORMA INVOICE

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

Date: [MM/DD/YYYY]
Invoice #: [000000]
Show Date: [MM/DD/YYYY]

Client / Exhibitor:

[Company Name]
[Contact Person]
[Address]
[Phone/Email]

Event Details:

Trade Show: [Event Name]
Venue: [Convention Center/Location]
Booth #: [Number/Section]

Description of Services / Equipment	Qty	Unit Price	Total
Booth Space Management & Planning Fees	1	\$0.00	\$0.00
Exhibit Design & Fabrication	1	\$0.00	\$0.00
AV Equipment & Furniture Rentals	1	\$0.00	\$0.00
Logistics (Drayage, Shipping, Storage)	1	\$0.00	\$0.00

Description of Services / Equipment	Qty	Unit Price	Total
On-site Staffing & Installation/Dismantle	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms & Notes:

1. This is a proforma invoice based on current project estimates.
2. 50% deposit required to initiate planning and logistics.
3. Final balance due 14 days prior to event move-in.
4. Please make checks payable to [Company Name] or use Wire Transfer: [Account Details].