

PROFORMA INVOICE

[Planner/Agency Name]

[Address Line 1]

[City, State, Zip]

[Email / Phone]

Date: [DD/MM/YYYY]

Invoice #: [PRO-000]

Wedding Date: [DD/MM/YYYY]

Client:

[Client Name 1 & 2]

[Mailing Address]

[Phone Number]

Venue:

[Venue Name]

[Venue Location]

SERVICE DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Wedding Planning Package (Full/Partial)	1	\$0.00	\$0.00
Vendor Coordination & Management	1	\$0.00	\$0.00
On-site Day-of Coordination	1	\$0.00	\$0.00

SERVICE DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
Additional Consultations/Rehearsal	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Estimate Total: \$0.00

Payment Terms: [e.g., 50% Deposit Required to Secure Date]

This is a proforma invoice provided for estimation purposes only.