[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT

[Client Name]
[Company Name]
[Address]

EVENT DETAILS

Event: [Event Name]
Location: [Venue/City]
Project Code: [Code]

Date	Staff/Role	Description of Services	Hours	Rate	Total

Subtotal: $0.00
Tax (%): $0.00
Total Due: $0.00

Payment Terms: Net 30 days. Please make checks payable to [Agency Name].

Thank you for choosing [Agency Name] for your event management needs.