[AGENCY NAME]

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

PROFORMA INVOICE

Date: [Date]

Invoice #: [Reference No.]

Valid Until: [Date]

BILL TO:

[Client Name / Hotel Name]
[Attn: Dept/Manager]
[Street Address]
[City, State, Zip]

EVENT / SERVICE REF:

[Booking Reference]
[Event Date/Period]
[Venue Name]

Service Description	Staff Quantity	Rate/Hour	Hours	Total
[e.g., Banquet Servers - Silver Service]	[Qty]	$[0.00]	[Hours]	$[0.00]

Service Description	Staff Quantity	Rate/Hour	Hours	Total
[e.g., Mixologists / Bar Staff]	[Qty]	$[0.00]	[Hours]	$[0.00]
[e.g., Event Supervision Fee]	[Qty]	$[0.00]	[Hours]	$[0.00]

Subtotal: $[0.00]
Tax / VAT ([%]): $[0.00]
Service Charge ([%]): $[0.00]

TOTAL AMOUNT: $[0.00]

Payment Terms & Instructions:

1. This is a proforma invoice based on current booking estimates.
2. Full payment is required to confirm staff allocation.
3. Bank Transfer: [Bank Name] | Acc: [Number] | Sort: [Code]