

HOSPITALITY INVOICE

[Event Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Event Date: _____
PO #: _____

CLIENT INFORMATION

[Client Name/Company]
[Contact Person]
[Billing Address]
[City, State, Zip]

EVENT DETAILS

Event Name: [Name]
Venue: [Venue Name]
Guest Count: [000]
Duration: [0] Days

Description	Qty/Hrs	Unit Price	Total
Venue & Accommodation			
Venue Hire / Room Rental			
Hotel Room Block (Guest Accommodation)			

Description	Qty/Hrs	Unit Price	Total
Catering & Beverage Services			
Breakfast/Lunch/Dinner Buffet			
Hors d'oeuvres & Canapes			
Premium Bar Service / Corkage			
Personnel & Service Staff			
Event Managers & Coordinators			
Waitstaff / Bartenders / Hosts			
Security & Valet Services			
Logistics & Audio Visual			
Shuttle & VIP Transportation			

Description	Qty/Hrs	Unit Price	Total
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A/V Equipment & Technical Support

Decor, Florals & Signage

Subtotal: \$0.00

Service Charge/Gratuuity (%): \$0.00

Sales Tax (%): \$0.00

Total Amount Due: \$0.00

PAYMENT TERMS & NOTES

Please make all checks payable to **[Agency Name]**. Payment is due within [30] days of invoice date. Late payments may be subject to a [0]% monthly interest charge. Thank you for your business.