INVOICE

Event Planning Services

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

Client:
[Contact Name]
[Corporation Name]
[Billing Address]

Invoice #: [000]
Date: [Date]
Event Date: [Date]
Due Date: [Date]

Description	Quantity/Hrs	Unit Price	Total
Venue Management & Coordination	-	-	$0.00
Catering Services (Per Head)	0	$0.00	$0.00
AV Equipment & Technical Support	-	-	$0.00
Consultation & Planning Fee	0	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Balance Due: $0.00

Payment Instructions:
Please make checks payable to [Agency Name].
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.