INVOICE

[Planner Name/Company]
[Address Line 1]
[Email/Phone]

Invoice #: ____________
Date: ____________
Event Date: ____________

CLIENT INFO **[Client Name]**
[Client Address]
[Client Phone]
EVENT DETAILS **[Event Title/Type]**
[Venue Name]
[Guest Count Estimate]

Description of Services	Qty/Hrs	Rate	Amount
Management & Planning Fee			$0.00
Vendor Coordination (Catering, Music, Decor)			$0.00
On-site Staffing			$0.00
Equipment/Prop Rentals			$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

PAYMENT NOTES

Please make checks payable to **[Planner Name]**. Payment is due within [Number] days. Thank you for your business!