INVOICE

Event Planning Services

Date: _____

Invoice #: _____

Planner Details:

[Company Name]
[Address Line 1]
[City, State, Zip]

Client Details:

[Client Name]
[Event Venue]
[Event Date]

DESCRIPTION OF SERVICE	HOURS/QTY	RATE	AMOUNT
Initial Consultation & Concept Design			$ 0.00
Vendor Coordination (Catering, Floral, Music)			$ 0.00
On-Site Event Management			$ 0.00
Administrative & Permit Fees			$ 0.00

Subtotal: $ 0.00

Tax: $ 0.00

Total Balance Due: $ 0.00

Payment is due within 15 days of invoice date. Thank you for choosing us for your Black Tie event.