

INVOICE

Minister Wedding Services

Invoice #: _____

Date: _____

From:

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

Bill To:

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

Description of Services	Amount
Wedding Ceremony Officiating	\$
Rehearsal Attendance	\$
Pre-Marital Counseling Sessions	\$
Travel / Mileage Expenses	\$

Description of Services	Amount
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Administrative/Filing Fees

\$

Subtotal: \$ _____

Deposit Paid: (\$ _____)

Total Balance Due: \$ _____

Payment Terms: Balance due [Number] days prior to the ceremony date.

Notes: [Space for additional terms or payment instructions]

Thank you for letting me be a part of your special day.