WEDDING SERVICES

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

INVOICE

#INV-001
Date: [Date]

BILLED TO:

[Client Names]
[Client Address]
[Client Phone]

EVENT DETAILS:

Date: [Wedding Date]
Venue: [Venue Name]
Location: [City, State]

Description of Service	Rate	Qty	Total
Ceremony Officiant Services	$0.00	1	$0.00
Rehearsal Attendance	$0.00	1	$0.00
Custom Script Writing & Consulting	$0.00	1	$0.00

Description of Service	Rate	Qty	Total
Travel & Lodging Expenses	$0.00	-	$0.00

Subtotal: $0.00
Tax: $0.00
Deposit Paid: -$0.00

Balance Due: $0.00

Payment Terms: Please remit payment by [Due Date].

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