OFFICIANT NAME

Wedding Minister & Celebrant

INVOICE

Invoice #: _____
Date: _____

MINISTER INFO

Address Line 1
City, State, Zip
Email@example.com
Phone Number

BILL TO

Couple's Names
Mailing Address
Ceremony Date: _____
Venue: _____

Description of Services	Amount
Professional Officiant Services (Ceremony Performance)	$ 0.00
Rehearsal Attendance & Coordination	$ 0.00
Custom Script Writing & Consultations	$ 0.00

Description of Services	Amount
Travel & Administrative Fees	$ 0.00

Subtotal: $ 0.00

Deposit Paid: ($ 0.00)

Balance Due: $ 0.00

Payment due by: _____

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