INVOICE

Officiant Business Name
123 Ceremony Lane
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Bill To:
Client Name(s): _____
Address: _____
Phone: _____
Event Details:
Wedding Date: _____
Venue: _____
Rehearsal Date: _____

Service Description	Rate/Price
Professional Officiant Services (Ceremony)	$ 0.00
Rehearsal Attendance & Coordination	$ 0.00
Custom Script Writing & Consultation	$ 0.00
Travel & Marriage License Filing	$ 0.00

Subtotal: $ 0.00
Deposit Paid: ($ 0.00)

Total Due: $ 0.00

Payment Instructions:

Please make checks payable to _____ or pay via _____.

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