INVOICE

Invoice No: _____

Date: _____

Due Date: _____

P.O. Number: _____

CLIENT INFORMATION

Client Name:

Billing Address:

City, ST, ZIP:

Contact Person:

Phone / Email:

EVENT OPERATIONS DETAIL

Event Name:

Venue / Location:

Event Date(s):

Ops Commander:

Permit/License #:

SECURITY PERSONNEL ROLES / SERVICES	QTY / GUARDS	HOURS PER GUARD	HOURLY RATE	TOTAL AMOUNT

PAYMENT TERMS & METHODS

Subtotal: _____

Agency Fees / Tax: _____

Total Due: _____

_____

PREPARED BY (OPERATIONS REPRESENTATIVE)

_____

APPROVED BY (CLIENT REPRESENTATIVE)