
INVOICE

Invoice No: _____

Date: _____

Due Date: _____

BILL TO

EVENT DETAILS

Event Name: _____

Event Date: _____

Venue: _____

Guest Count: _____

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	TOTAL
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PAYMENT METHODS / TERMS

Bank Name:

Account Name:

Account No:

Routing / Sort Code:

Subtotal: _____

Service Fee: _____

Tax: _____

Total Due: _____

CLIENT SIGNATURE

PLANNER SIGNATURE

Thank you for your business. We look forward to creating an unforgettable event!