

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

---

## CLIENT INFORMATION

Client Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email/Phone: \_\_\_\_\_

## EVENT DETAILS

Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Venue: \_\_\_\_\_  
Coordinator: \_\_\_\_\_

DESCRIPTION OF PLANNING SERVICE / ACTIVITY	HOURLY RATE	HOURS	TOTAL AMOUNT

Subtotal: \_\_\_\_\_  
Tax Rate / Tax: \_\_\_\_\_  
**Total Due:** \_\_\_\_\_

---

**Payment Terms & Special Instructions**

[Dashed box for Payment Terms & Special Instructions]

---

PLANNER SIGNATURE

---

CLIENT ACCEPTANCE SIGNATURE