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\_\_\_\_\_

\_\_\_\_\_

# INVOICE

Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

## CLIENT INFORMATION

Client Name:

\_\_\_\_\_

Company:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone/Email:

\_\_\_\_\_

## EVENT INFORMATION

Event Name:

\_\_\_\_\_

Event Date:

\_\_\_\_\_

Venue:

\_\_\_\_\_

Guest Count:

\_\_\_\_\_

DESCRIPTION OF EVENT PLANNING SERVICE / VENDOR  
COORDINATION

QTY / HRS

RATE / PRICE

TOTAL AMOUNT

\_\_\_\_\_

\_\_\_\_\_

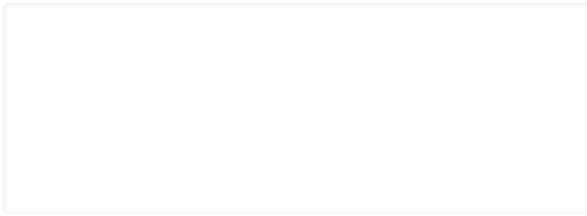
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT TERMS & ACCEPTANCE**



Subtotal:

Tax / Service Fee:

Deposit Paid:

**Balance Due:**

