

Event Services Invoice

Invoice #

Date

____ / ____ / ____

Billed To

Event Details

Event Name: _____

Date: _____

Location: _____

Description	Quantity	Unit Price	Total
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
Subtotal			_____
Tax			_____
Total			_____

Notes / Terms

