

Event Planner Invoice

Event Planner

Company Name
Address
City, State ZIP
Email
Phone

Billed To

Client Name
Address
City, State ZIP
Email
Phone

Invoice Details

Invoice #: INV-0001
Date: YYYY-MM-DD
Due Date: YYYY-MM-DD

Event Details

Event Name:
Date:
Location:

Description	Quantity	Unit Price	Line Total
Service/Item 1	1		
Service/Item 2	1		

Notes:

Thank you for choosing our services.
Please make payment by the due date.

Subtotal
Tax
Total
Amount Paid
Balance Due