

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.

Subtotal

Please make payment by the due date.

Tax

Total

Amount Paid

Balance Due