

Event Expense Invoice

From

Organizer Name: _____
Address: _____
Contact: _____

To

Client Name: _____
Address: _____
Contact: _____

Invoice Details

Invoice #: _____
Date: _____
Event Name: _____
Event Date: _____

#	Expense Description	Quantity	Unit Price	Total
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Subtotal	_____
Tax (%)	_____
Grand Total	_____

Notes

Organizer Signature

Client Signature