

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