

EVENT ORGANIZER

NAME

Address Line 1
Address Line 2
City, State, ZIP
Phone: (xxx) xxx-xxxx
Email: organizer@email.com

Invoice

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

Billed To:
Client Name / Company
Address Line 1
Address Line 2
City, State, ZIP
Email: client@email.com

Event Details:
Event Name: _____
Event Date: _____
Location: _____

Description	Quantity	Unit Price	Amount
Venue Rental	1	\$0.00	\$0.00
Catering	0	\$0.00	\$0.00
Audio/Visual	0	\$0.00	\$0.00
Staffing	0	\$0.00	\$0.00
Other Services	0	\$0.00	\$0.00
Subtotal			\$0.00
Tax			\$0.00
Total			\$0.00

Notes / Terms:
Payment due within 15 days.
Please make payment to the organizer indicated above.
Thank you for your business!