

Event Coordination Service Invoice

Company Name

Address Line 1

Address Line 2

Phone: (xxx) xxx-xxxx

Billed To:

Client Name
Client Company
Client Address
Email:

Invoice #:

Date:

Due Date:

Event Details

Event Name:

Event Date:

Location:

Services Provided

Description	Quantity	Unit Price	Amount
Subtotal			
Tax			
Total			

Notes / Remarks:

Thank you for trusting us with your event!