

# 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
<b>Subtotal</b>			
<b>Tax</b>			
<b>Total</b>			

**Notes / Remarks:**

Thank you for trusting us with your event!