

Event Planner Fee Statement

Client Name:

Event Name:

Event Date:

Description of Services	Rate	Quantity	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Payment Due Date:

Notes:

Event Planner Signature & Date