

Event Planner Fee Invoice

From:

Company/Planner Name
Address Line 1
Address Line 2
Phone:

Invoice #:
Date:
Due Date:

Bill To:

Client Name
Client Address Line 1
Client Address Line 2
Phone:

Description	Quantity	Unit Price	Amount
Initial Consultation Fee			
Event Planning Service Fee			
Vendor Coordination			
On-Site Event Management			
Subtotal			
Tax (%)			
Total Due			

Payment Instructions:

Bank Name:
Account Name:
Account Number:
Other Payment Methods:

Notes:

Thank you for your business!