EVENT PLANNER INVOICE

[Company Name]

Invoice #			Due Date				
Issue Date			Tax Rate				
_							
From			То				
[Company Name]		[Client / Company Name]					
[Street Address]			[Customer ID]				
[City, State, Zip]			[Street Address]				
[Phone]			[City, State, Zip]				
[E-Mail]			[Phone]	[Phone]			
[Website]		[E-Mail]					
Material Rate Amount		Description of Work					
Material	Kate	Amount	Description	Description of Work			
			Labor	Hours	Rate	Amount	
_							
			Miscellaneous	Miscellaneous Charges			
			missenanesas	o onar got			
Terms of Services:							
				1			
		Total Materials					
		Total Labor					
	1		Total Miscellanous				
Work Ordered			Subtotal				
Date Ordered	-		Total Tax Grand Total				