

Airport Representative Invoice for Payment

Name: _____

Address: _____

Date: _____

Airport: _____

Phone: _____

Name of Client: _____

Date of Service: _____

Time of Service: _____

Number of people greeted: _____

Did you incur any out of pocket expenses including:

Parking Fees: \$ _____

Checked Luggage Fees: \$ _____

Porter Fees: \$ _____

Other Fees: \$ _____

Were there any other factors that may contribute to the cost of this greet such as:

Flight Delays: _____

Numbers: _____

Other Fees: _____

Please fill out and return to Gateway Special Services within 24 hours of services rendered in order to ensure that you receive payment in a timely manner.

Fax: (718) 361 - 8874

Phone: (718) 937 - 3100

E-mail: gatewaybilling@gmail.com

