

# INVOICE

INVOICE NUMBER  
INV-001

DATE  
[Date]

FROM

[Production Studio Name]  
[Address Line 1]  
[Email / Phone]

BILL TO

[Client Name / Company]  
[Client Address]  
[Project Title]

Description of Services	Rate	Qty	Total
Pre-Production (Scripting & Storyboarding)	\$0.00	1	\$0.00
Principal Photography / Filming	\$0.00	1	\$0.00
Post-Production (Editing, Color & Sound)	\$0.00	1	\$0.00
Music Licensing & Stock Footage	\$0.00	1	\$0.00

Subtotal \$0.00  
Tax (%) \$0.00  
Total Amount \$0.00

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**PAYMENT TERMS**

Payable via Bank Transfer or Check within 30 days.

**Bank:** [Name] | **Account:** [Number] | **Routing:** [Number]