

INVOICE

Motion Graphics & Animation

Invoice #: _____

Date: _____

From:

[Your Name/Studio]

[Address Line 1]

[Email / Phone]

Bill To:

[Client Name / Company]

[Client Address]

[Contact Email]

DESCRIPTION OF SERVICES

RATE/UNIT

QTY/HRS

TOTAL

Styleframe Design & Concepting

2D/3D Animation & Keyframing

Render Processing & Compositing

DESCRIPTION OF SERVICES

RATE/UNIT

QTY/HRS

TOTAL

Sound Design & Licensed Assets

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Payment Terms:

Net 30. Please make checks payable to [Your Name] or via Bank Transfer to [Account Info].

Thank you for your business.