

INVOICE

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

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Bill To:

[Client Names]
[Address Line 1]
[City, State, Zip]

Project Details:

Wedding Date: [Date]
Venue: [Location Name]

DESCRIPTION	QUANTITY	RATE	AMOUNT
Wedding Cinematography - [Package Name] Coverage hours: [X] hours	1	\$0.00	\$0.00
Second Cinematographer Coverage	1	\$0.00	\$0.00
Drone Aerial Footage	1	\$0.00	\$0.00
Travel / Expenses	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount: \$0.00

Amount Paid: (\$0.00)

Balance Due: \$0.00

Payment Instructions:

Please include the invoice number with your payment. Payment via [Bank Transfer/Check/Online].

Thank you for letting us capture your special day.