

INVOICE

Production Studio Name
Contact Email / Phone

INVOICE # [0000]
DATE [Month Day, Year]

BILL TO: Client Name / Company

Address Line 1
Address Line 2

PROJECT: Video Title / Campaign Name

PO Number: [000000]

DESCRIPTION OF SERVICES	QUANTITY / HRS	RATE	TOTAL
Pre-Production (Scripting, Storyboarding, Planning)	-	-	\$0.00
Production (Cinematography, Lighting, Audio Recording)	-	-	\$0.00
Post-Production (Editing, Color Grading, Sound Design)	-	-	\$0.00

DESCRIPTION OF SERVICES	QUANTITY / HRS	RATE	TOTAL
Motion Graphics & Titling	-	-	\$0.00
Licensed Assets (Music, Stock Footage)	-	-	\$0.00
Subtotal: \$0.00			
Tax (0%): \$0.00			

Total Amount Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Studio Name]** or pay via Bank Transfer (IBAN: [0000]).
Payment is due within 30 days of invoice date.