[STUDIO/COMPANY NAME]

Fine Art Handling & Logistics
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]
Project: [Project Name/Reference]

BILL TO

[Client Name]
[Gallery/Collector Name]
[Address]
[Email]

SERVICE SITE / ORIGIN

[Location Name]
[Address]
[Special Access Notes]

DESCRIPTION OF SERVICES & ARTWORKS	QUANTITY/HOURS	RATE	AMOUNT
White Glove Installation [Details: Two-person crew, security hardware, leveling]	[0]	$[0.00]	$[0.00]
Custom Soft Packing / Crating [Artwork Title/Artist Name - Medium]	[0]	$[0.00]	$[0.00]

DESCRIPTION OF SERVICES & ARTWORKS	QUANTITY/HOURS	RATE	AMOUNT
Climate Controlled Transport [Origin to Destination]	[0]	$[0.00]	$[0.00]
Materials & Surcharges [Acid-free glassine, foam, fuel]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Insurance/COI Fee: $[0.00]
Total: $[0.00]

TERMS & NOTES

Please make checks payable to **[Company Name]**. Wire transfer details available upon request. Payment is due within [30] days of receipt. All handled artworks are covered under limited liability unless secondary insurance is specifically requested in writing.