MUSIC STUDIO

[Studio Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [000]

BILL TO:

[Client Name]
[Project Name]
[Client Contact Info]

Service Description	Rate/Hr	Qty/Hrs	Total
Studio Tracking / Recording	$		$
Mixing & Mastering	$		$
Equipment Rental	$		$

SUBTOTAL $0.00

TOTAL DUE $0.00

Payment Instructions:
Please make checks payable to [Studio Name] or pay via [Digital Method]. Payment is due within [Number] days.