

INVOICE

[Production Company Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / BILL TO

[Client Name]
[Company Name]
[Address Line 1]
[Contact Email]

PROJECT DESCRIPTION

[Project Title]
[Shoot Dates]
[Final Delivery Date]

Service / Item Description	Quantity/Hrs	Rate	Amount
Pre-Production (Planning, Scripting)			
Production (Filming, Crew, Gear)			
Post-Production (Editing, Color, Sound)			

Service / Item Description	Quantity/Hrs	Rate	Amount
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Licensing & Miscellaneous			
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Subtotal \$0.00			
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Tax (%) \$0.00			
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Total Amount \$0.00			
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PAYMENT TERMS

Please make checks payable to **[Company Name]**. Wire transfer details available upon request. Payment is due within [Number] days of invoice date as per the Video Production Service Agreement.