STUDIO NAME

123 Creative Ave, Studio 4B
New York, NY 10001
contact@studio.com

INVOICE

INV-001
Date: [Date]
Due Date: [Date]

BILL TO

Client Company Name
Contact Person
Street Address
City, State, Zip

PROJECT / SHOOT

Project Name: [Name]
Shoot Date: [Date]
License: [Usage Terms]

DESCRIPTION	QTY/HRS	RATE	AMOUNT
Day Rate / Session Fee			$0.00
Product Retouching & Post-Production			$0.00

DESCRIPTION	QTY/HRS	RATE	AMOUNT
Equipment / Prop Rental			$0.00
Studio Usage Fee			$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

PAYMENT INSTRUCTIONS

Please include invoice number with payment.
Bank: [Bank Name] | Account: [Number] | Wire/Swift: [Code]

Thank you for your business.