

VIDEO AGENCY

123 Studio Way
Creative District, NY 10001
contact@videoagency.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Client Name
Company Name
Street Address
City, State, Zip

PROJECT:

Monthly Retainer / Campaign Name
Billing Period: _____

Service Description	Hours/Qty	Rate	Total
Pre-Production & Scripting			
Video Production / Filming Day			
Post-Production & Editing			

Service Description	Hours/Qty	Rate	Total
Motion Graphics & VFX			
Social Media Formatting & Distribution			
Subtotal: \$0.00			
Tax (___%): \$0.00			
Total: \$0.00			

Payment Instructions:

Please make checks payable to **Video Agency LLC**.

For Wire Transfers: Bank Name | Account: XXXXXXXXX | Routing: XXXXXXXXX

Thank you for your business!