INVOICE

[Artist Name/Studio]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client/Production Company]
[Contact Name]
[Project Name/Job ID]

SHOOT DETAILS:

[Location]
[Date of Service]

DESCRIPTION	RATE/QTY	TOTAL
Day Rate (Makeup Artist)	[0.00]	[0.00]
Kit Fee	[0.00]	[0.00]
Overtime / Additional Hours	[0.00]	[0.00]
Reimbursable Expenses (Travel/Supplies)	[0.00]	[0.00]

Subtotal $[0.00]
Tax (%) $[0.00]

TOTAL DUE $[0.00]

Payment Instructions:
Please make checks payable to [Name] or transfer via [Bank Details/Wire Info].

Thank you for your business.