INVOICE

Artist Name / Studio Name
Contact Email
Phone Number

Invoice #: _____
Date: _____

BILL TO:

Corporate Client Name
Company Address
Attention: Accounts Payable

EVENT DETAILS:

Event Name: _____
Date: _____
Location: _____

Service Description	Quantity / Hours	Rate	Total
Half-Day / Full-Day Makeup Artistry Fee			
Touch-up Services / Standby Time			
Assistant Artist Fee			
Travel / Kit Fee			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to: [Your Name/Business]
Bank Transfer Details: [Bank Name] | [Account Number] | [Routing Number]
Payment Due Date: [Net 30 Days]