# INVOICE

[Artist Name / Studio]
[Email Address]
[Phone Number]

**Invoice #:** _____
**Date:** _____

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CLIENT / PRODUCTION

[Client Name]
[Company Name]
[Project Title]
[Address]

SESSION DETAILS

**Date:** _____
**Location:** _____
**Call Time:** _____

| DESCRIPTION | RATE/QTY | AMOUNT |
|---|---|---|
| Session Fee / Day Rate | | |
| Kit Fee | | |
| Overtime (___ hours) | | |

| DESCRIPTION | RATE/QTY | AMOUNT |
| --- | --- | --- |
| Expenses (Travel/Materials) | | |

Subtotal $0.00
Tax $0.00
Total Due $0.00

**PAYMENT TERMS**

Please make checks payable to: **[Payee Name]**
Electronic Transfer: [Routing/Account Details]
Payment is due within [Number] days of invoice date.