INVOICE

[Artist Name / Business Name]

INVOICE #: _____

DATE: _____

ARTIST INFORMATION

[Address Line 1]
[City, State, Zip]
[Phone Number]
[Email Address]
[Tax ID/SSN]

BILL TO / PRODUCTION

[Production Company Name]
[Project Title]
[Accounting Address]
[Attn: Name/Department]

DATE	DESCRIPTION (LABOR/KIT/OVERTIME)	RATE	QTY/DAYS	AMOUNT
	Labor - [Position Name]	$		$
	Kit Rental Fee	$		$
	Travel / Per Diem	$		$
	Reimbursements (Receipts Attached)	$		$

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

PAYMENT INSTRUCTIONS
Please make checks payable to: **[Artist Name]**
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Net [30] Terms. Late fees may apply.