INVOICE

Artist: [Name/Studio]

[Address Line 1]
[Phone Number]
[Email/Portfolio]

Invoice #: [000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO:

[Production Company/Client]
[Contact Person]
[Project Name/Code]

PRODUCTION DETAILS:

Venue: [Theater Name]
Run Dates: [Start] - [End]
Director: [Name]

Description (Service/Kit Fee/SFX)	Quantity/Days	Rate	Total
[Design Fee / Application / Consultation]			
[Special Effects Materials / Prosthetics]			
[Daily Kit Rental Fee]			

Description (Service/Kit Fee/SFX)	Quantity/Days	Rate	Total
[Rehearsal / Show Calls]			

Subtotal: _____

Tax: _____

Grand Total: _____

Payment Instructions:
Please make checks payable to [Name] or transfer to [Banking Info/Handle].

Thank you for the opportunity to work on this production.