# INVOICE

**[Company Name]**
[Address]
[Email/Phone]

**Invoice #:** ___________
**Date:** ___________

**Billed To:**
[Client Name/Production]
[Client Address]
[Phone]
**Rental Period:**
Pick-up: ___________
Return: ___________

| Equipment Description | Qty | Daily Rate | Days | Total |
|---|---|---|---|---|
| [e.g. ARRI SkyPanel S60-C] | | | | |
| [e.g. Aputure 600d Pro] | | | | |
| [e.g. C-Stand Kit w/ Sandbags] | | | | |
| [e.g. 4x4 Floppy / Scrim Kit] | | | | |
| [e.g. Consumables/Gels/Tape] | | | | |

Subtotal: $___________

Tax: $___________

**Grand Total: $___________**

**Payment Terms:** Net [30] Days. Please make checks payable to [Company Name].

**Notes:** All gear returned must be inspected for damage. Late returns are subject to additional daily fees.