INVOICE

[Invoice Number]

[Your Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

CLIENT / PRODUCTION [Client Name]
[Production Title]
[Address]
[Contact Email]
RENTAL DETAILS **Pickup:** [Date/Time]
Return: [Date/Time]
Duration: [Days/Weeks]

DESCRIPTION (CONTINUOUS LIGHTING / MODIFIERS)	QTY	DAY RATE	DAYS	TOTAL
[e.g., Aputure 600d Pro LED]	[0]	$[0.00]	[0]	$[0.00]
[e.g., Arri SkyPanel S60-C]	[0]	$[0.00]	[0]	$[0.00]
[e.g., C-Stand w/ Grip Head & Arm]	[0]	$[0.00]	[0]	$[0.00]
[e.g., Light Dome II Softbox]	[0]	$[0.00]	[0]	$[0.00]

Subtotal: $[0.00]
Insurance / Damage Waiver: $[0.00]

Tax ([0]%): $[0.00]

Amount Due: $[0.00]

Terms: Payment due within [X] days. All equipment must be returned in the condition received. Late returns are subject to a daily rate penalty. Lost or damaged items will be billed at full replacement value.

Payment Method: [Zelle / Wire / Check Details]