INVOICE

Studio Rental & Lighting Equipment

Invoice #: _____

Date: _____

FROM:

[Your Studio Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

BILL TO:

[Client Name]
[Client Company]
[Client Address]
[Client Email]

Production Date(s): _____

EQUIPMENT DESCRIPTION	QTY	DAYS	RATE/DAY	AMOUNT
Strobe / Monolight Head				
Softbox / Modifier				
C-Stands / Grip Gear				

EQUIPMENT DESCRIPTION	QTY	DAYS	RATE/DAY	AMOUNT
Wireless Trigger Set				
Consumables (Seamless Paper, etc.)				

Subtotal: $ _____
Tax (___%): $ _____
Insurance/Damage Waiver: $ _____
Total Due: $ _____

Terms & Conditions:

1. Payment is due within ___ days of invoice date.
2. Renter assumes full responsibility for equipment damage or loss.
3. Late returns will be subject to an additional daily rate charge.