[STUDIO NAME]

INVOICE
[0000]

PROVIDER
[Address Line 1]
[City, State, Zip]
[Contact Email/Phone]
BILL TO
[Production Company]
[Project Name]
[Client Address]

DATE: [MM/DD/YYYY]
DUE DATE: [MM/DD/YYYY]
RENTAL PERIOD: [Dates]

EQUIPMENT DESCRIPTION	QTY	DAY RATE	DAYS	TOTAL
[e.g. ARRI SkyPanel S60-C]	[0]	$[0.00]	[0]	$[0.00]
[e.g. Litepanels Gemini 2x1 Soft]	[0]	$[0.00]	[0]	$[0.00]
[e.g. C-Stand Kit w/ Grip Head]	[0]	$[0.00]	[0]	$[0.00]
[e.g. Consumables/Gels]	[0]	$[0.00]	-	$[0.00]

Subtotal $[0.00]
Insurance (L&D) $[0.00]
Sales Tax $[0.00]
TOTAL $[0.00]

Notes & Terms:
All equipment must be returned in original working condition. Late returns are subject to a full day rate penalty. Payment via Wire Transfer or ACH preferred.