INVOICE

[Technician Name / Company]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Project: _____

CLIENT / PRODUCTION

[Production Company]
[Contact Name]
[Billing Address]

SHOOT DETAILS

Location: _____
Dates: _____

Description (Labor / Equipment Rental)	Quantity/Days	Rate	Total
Lighting Technician Day Rate			
Equipment Package (G&E)			
Consumables (Gels, Tape, Diffusion)			
Travel / Kit Fee			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS

Payment due within [30] days. Please make checks payable to **[Name]**.
Wire/ACH Transfer: [Bank Name] | Account: [Number] | Routing: [Number]