INVOICE

#INV-0000

STAGE LIGHTING CO.
123 Production Way
City, State, Zip

BILL TO

Client Name / Production
Street Address
City, State, Zip

EVENT DETAILS

Date: [Month Day, Year]
Venue: [Venue Name]
Rental Period: [Start] - [End]

Description of Equipment / Service	Qty	Rate	Days	Total
Moving Head Fixture (Spot/Wash)	0	$0.00	0	$0.00
LED Uplights - Wireless	0	$0.00	0	$0.00
DMX Controller / Console	0	$0.00	0	$0.00
Trussing & Rigging Kit	0	$0.00	0	$0.00
Labor: Setup, Operation & Strike	1	$0.00	-	$0.00

Subtotal: $0.00
Tax: $0.00

TOTAL: $0.00

NOTES & TERMS

Payment is due within [00] days. Please include invoice number with payment. Rental equipment is subject to terms of service signed on [Date].