EQUIPMENT RENTAL INVOICE

[Studio Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
Rental Period: _____

CLIENT / RENTER

[Name/Production Company]
[Address]
[Phone / Email]

PROJECT REFERENCE

[Job Name/PO Number]
[Studio Location/Bay]

Description (Strobes, Packs, Modifiers)	Qty	Daily Rate	Days	Total

Subtotal: $ _____
Insurance/Damage Waiver: $ _____
Tax: $ _____
Amount Due: $ _____

TERMS & CONDITIONS

All equipment must be returned in original working condition. Late returns are subject to additional daily fees. Renter is responsible for bulb breakage and equipment damage during the rental period.

Thank you for your business.