

[GALLERY NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: _____

Date: _____

BILL TO:

[Client Name]
[Client Address]
[Client Phone/Email]

ARTIST:

[Artist Name]
[Portfolio/ID Reference]

ARTWORK DESCRIPTION (TITLE, MEDIUM, DIMENSIONS)	SALE PRICE
[Title of Work, Year]	\$0.00

Gross Sale Amount: \$0.00
Gallery Commission ([%]%) (\$0.00)
Framing/Other Fees: \$0.00
Tax: \$0.00

TOTAL DUE: \$0.00

Payment Terms:

Payable via [Bank Transfer/Check/Credit Card] within [Number] days. Please include invoice number with payment.

Thank you for supporting the arts. All sales of commissioned works are final. Copyright of the artwork remains with the artist unless otherwise specified in writing.