

INVOICE

Invoice #: [0000]

Date: [Month Day, Year]

[Artist/Gallery Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO [Client Name]

[Client Address]

[Client Phone/Email]

ARTWORK DETAILS **Title:** [Artwork Title]

Medium: [e.g., Oil on Canvas]

Dimensions: [e.g., 24" x 36"]

DESCRIPTION	PRICE
Original Artwork Signed, includes Certificate of Authenticity	\$0.00
Framing / Presentation [Framing Description]	\$0.00
Shipping & Insurance White-glove delivery to [Location]	\$0.00
Subtotal: \$0.00	
Tax ([0%]): \$0.00	
Total: \$0.00	

TERMS & PAYMENT

Payment is due within [Number] days. Preferred payment via [Bank Transfer/Check/Wire].

Copyright of the artwork remains with the artist. Reproduction rights are not included in this sale unless specifically granted in writing.