INVOICE

[Studio Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____

CLIENT

[Client Name / Organization]
[Billing Address]
[Contact Email]

PROJECT REFERENCE

[Project Name/Title]
[Date of Shoot]

DESCRIPTION OF SERVICES	RATE/UNIT	AMOUNT
Documentary Coverage (Day Rate)	$0.00	$0.00
Post-Production & Sequencing	$0.00	$0.00
Licensing: [Usage Terms]	$0.00	$0.00
Travel & Expenses	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Balance Due: $0.00

Payment Terms: [Net 30 / Due on Receipt]

Payment Method: [Bank Transfer Details / PayPal / Check]

Thank you for commissioning this documentary work.