[Business Name]

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

INVOICE

No: #
Date:

BILL TO

[Client Name]
[Client Address]
[Client Email]

PROJECT DETAILS

Location:
Flight Date:
Pilot FAA ID:

Description of Services	Quantity	Rate	Amount
Aerial Photography / Videography (Flight Time)			
Post-Processing & Color Grading			
Travel / Permit Fees			

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Terms: Net 30. Please make checks payable to [Business Name].

Thank you for your business!