PERCUSSION BILLING

Invoice #: _____

Date: _____

SERVICE PROVIDER / STUDIO

Name: _____

Address: _____

Phone: _____

CLIENT / ENSEMBLE

Name: _____

Address: _____

PO #: _____

Description (Instrument/Rental/Session)	Qty/Hours	Rate	Total
Drum Kit Rental (Full Set)			
Cymbal Pack (Hats, Ride, 2x Crash)			
Orchestral Percussion (Timpani/Mallets)			
Auxiliary Percussion / Hardware			

Description (Instrument/Rental/Session)	Qty/Hours	Rate	Total
Cartage / Delivery & Setup			
Tuning / Technical Service			

Subtotal: $_____
Tax: $_____
Total Due: $_____

NOTES & PAYMENT TERMS

Payment is due within _____ days. Please make checks payable to _____.

Thank you for your business.