[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

No: [000]
Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Company]
[Client Address]

PROJECT:

[Project Name/Video Title]
Due Date: [MM/DD/YYYY]

SERVICE DESCRIPTION	QUANTITY/HOURS	RATE	AMOUNT
Pre-Production (Scripting & Storyboarding)	-	-	$0.00
Production (Cinematography & Lighting)	-	-	$0.00
Post-Production (Editing, Color, & Sound)	-	-	$0.00
Motion Graphics / VFX	-	-	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Total Due: $0.00

Payment Terms:

Net 30. Please make checks payable to [Agency Name] or pay via [Direct Deposit Info].