INVOICE

Drone Operations & Cinematography

Invoice #: _____

Date: _____

FROM

[Your Name/Business]
[Street Address]
[City, State, Zip]
[Phone Number]
[FAA Part 107 License #]

BILL TO

[Client Name/Company]
[Client Address]
[City, State, Zip]
[Client Email]

PROJECT: [PROJECT NAME / LOCATION]

Description of Services	Quantity/Hrs	Rate	Amount
Aerial Cinematography (4K/6K RAW)			
Pre-flight Planning & Site Survey			
Post-Production / Color Grading			
Travel & Equipment Insurance Surcharge			

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please include invoice number with your payment.
Accepted payments: Bank Transfer, Check, or Credit Card.
Payment is due within [30] days of receipt.