POST PRODUCTION INVOICE

Company Name / Freelancer Name
Street Address
City, State, Zip
Email@Address.com

INVOICE NUMBER
#00000

DATE
Month DD, YYYY

BILL TO

Client Name / Studio
Project Manager Name
Billing Address
City, State, Zip

PROJECT DETAILS

Project Title: [Project Name]
Production ID: [ID-000]
Deadline: Month DD, YYYY

POST-WORKFLOW PHASE	RATE/HR	QTY/HRS	TOTAL
Ingest, Transcoding & Proxy Creation	$0.00	0	$0.00
Assembly & Creative Editorial	$0.00	0	$0.00
Color Correction & Grading	$0.00	0	$0.00

POST-WORKFLOW PHASE	RATE/HR	QTY/HRS	TOTAL
Sound Design & Audio Mix	$0.00	0	$0.00
VFX & Motion Graphics	$0.00	0	$0.00
Mastering, Exports & Deliverables	$0.00	0	$0.00

Subtotal $0.00
Tax (0%) $0.00
Balance Due $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Name]** or transfer via **[Bank Details/Digital Payment]**. Payment is due within 30 days of receipt.