PRODUCTION INVOICE

Company Name / Name
Address Line 1
City, State, Zip
Email / Phone

Invoice #: 0001
Date: Month Day, Year
Due Date: Month Day, Year

BILL TO

Client Name / Agency
Production Title
Address Line 1
City, State, Zip

PROJECT DETAILS

Project: Project Name
Shoot Dates: Start - End
Location: City, State

DESCRIPTION	RATE / UNIT	QTY / DAYS	AMOUNT
Director of Photography (Day Rate)	$0.00	0	$0.00
Camera Package (Arri/Red/Sony)	$0.00	0	$0.00
Lens Kit / Specialty Glass	$0.00	0	$0.00

DESCRIPTION	RATE / UNIT	QTY / DAYS	AMOUNT
Lighting & Grip Rental	$0.00	0	$0.00
Expendables / Hard Drives	$0.00	0	$0.00

Subtotal $0.00
Sales Tax (%) $0.00
Total Balance $0.00 USD

PAYMENT INSTRUCTIONS

Please make checks payable to **[Name]**.
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
A late fee of 5% applies per 30 days overdue.