

INVOICE

[Gallery Name]
[Street Address]
[City, State, Zip]

Date: [MM/DD/YYYY]
Invoice #: [0000]
Project: [Commission Name]

CLIENT / CORPORATE PARTNER

[Company Name]
[Contact Name]
[Billing Address]
[Email/Phone]

ARTIST INFORMATION

[Artist Name]
[Studio Address]
[Tax ID/VAT #]

DESCRIPTION OF ARTWORK / SERVICE	DIMENSIONS/MEDIA	AMOUNT
[Artwork Title - Commission Stage 1]	[e.g., 48" x 72", Oil on Canvas]	\$0.00
[Gallery Commission Fee - %]	[Service Fee]	\$0.00
[Framing, Installation, or Shipping]	[Details]	\$0.00
		Subtotal: \$0.00

Tax: \$0.00

Total Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Gallery Name].

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Payment due within [30] days of invoice date.