

[GALLERY NAME]

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

INVOICE

No: [0000]
Date: [Date]

CLIENT / COLLECTOR

[Name]
[Company, if applicable]
[Address]
[Email]

ARTIST INFORMATION

Artist: [Artist Name]
Project: [Commission Title/Phase]

ARTWORK DESCRIPTION & SPECIFICATIONS	QUANTITY	UNIT PRICE	AMOUNT
[Title of Work] [Medium, Dimensions, Framing Details]	[1]	[0.00]	[0.00]
Commission Fee / Gallery Premium	-	[0.00]	[0.00]
<hr/>			
Subtotal \$[0.00]			
Shipping & Handling \$[0.00]			

Tax ([0]%) \$[0.00]
TOTAL DUE \$[0.00]

TERMS & PAYMENT

Payment is due within [Number] days. Please make checks payable to "[Gallery Name]".

Bank Wire Transfer: [Account Details / IBAN / SWIFT]

Note: The Artist retains all reproduction rights and copyright unless otherwise stated in writing.