

INVOICE

Producer/Consultant Name
Studio Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Client Name / Artist
Record Label / Company
Address Line 1
City, State, Zip

PROJECT DETAILS:

Project Title: _____
Studio Location: _____
PO Number: _____

SERVICE DESCRIPTION	RATE	QTY/HRS	TOTAL
Production Consultation / Creative Direction	\$		\$
Mixing/Arrangement Review	\$		\$
Technical Session Support	\$		\$

SERVICE DESCRIPTION	RATE	QTY/HRS	TOTAL
---------------------	------	---------	-------

Administrative/Reimbursable Expenses	\$		\$
--------------------------------------	----	--	----

Subtotal: \$ _____

Tax (___%): \$ _____

TOTAL DUE: \$ _____

PAYMENT TERMS & NOTES:

Please make all checks payable to [Business Name]. For wire transfers, use the following: Bank: [Name], Account: [Number], Routing: [Number]. Net [30] days. Late payments may incur a [5%] fee per month.