

PRODUCER NAME

Studio Address City, ST 12345

Email: producer@email.com

INVOICE NUMBER

#001

DATE

Month 00, 20XX

BILL TO:

Client Name / Label

Project Title

Address City, ST

DUE DATE

Month 00, 20XX

SERVICE DESCRIPTION	QUANTITY/HRS	RATE	AMOUNT
Music Production Fee (Track Name)	1	\$0.00	\$0.00
Mixing & Mastering Services	1	\$0.00	\$0.00
Studio Session Hours	0	\$0.00	\$0.00

Subtotal \$0.00
Tax (0%) \$0.00

Total Due \$0.00

PAYMENT INSTRUCTIONS

Wire Transfer / PayPal / Venmo Details

Terms: Files will be delivered upon receipt of final payment. Rights transfer per contract.