

STUDIO INVOICE

[Producer/Studio Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE NUMBER [#001]

DATE [MM/DD/YYYY]

BILL TO [Client Name / Label]

[Project Title]

[Client Address]

PAYMENT TERMS Due upon receipt / Net 30

SERVICE DESCRIPTION	QUANTITY / HOURS	RATE	AMOUNT
Tracking / Recording Sessions	0.0	\$0.00	\$0.00
Post-Production & Editing	0.0	\$0.00	\$0.00
Mixing Services	0.0	\$0.00	\$0.00
Mastering Services	0.0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
Account Name: [Name]
Account/IBAN: [Number]
Routing/SWIFT: [Code]

Terms: Work remains the intellectual property of the producer until full payment is received. Thank you for your business.