

MUSIC STUDIO

123 Audio Lane
Sound City, ST 90210
contact@studio.com

INVOICE

Invoice #: _____

Date: _____

BILL TO:

Client Name: _____

Project: _____

Email: _____

PAYMENT DUE:

Description (Tracking/Mixing/Mastering)	Hours/Qty	Rate	Amount
---	-----------	------	--------

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes & Payment Instructions:

Please make checks payable to **Music Studio Name**.

Bank Transfer: Acct # _____ / Routing # _____

Thank you for your business!